

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPLICATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED
Oct 27 1997 8:00 am
Secretary of State

DOCUMENT # P96000029011

1. Corporation Name

ROSA MEDICAL CENTER INC.

97AR

Principal Place of Business

Main Address

8330 SW 8 STREET
MIAMI FL 33144

8330 SW 8 STREET
MIAMI FL 33144



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7821 CORAL WAY
Suite 116

MIAMI FL

33155 U.S.A.

3. New Mailing Office Address, If Applicable

7821 CORAL WAY
Suite 116

MIAMI FL

33155 U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida

04/03/1996

5. FEI Number

65-0655588

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MARTIN, NELSON	7821 CORAL WAY, SUITE #116	MIAMI FL 33155
			100002340461--8 -11/06/97--01085--006 ****165.00 ****165.00
			P. Martin 10/27/97

8. Name and Address of Current Registered Agent

~~LIMA, RAUL~~
~~8330 SW 8 STREET~~
~~MIAMI FL 33144~~

9. Name and Address of New Registered Agent

Name: Nelson Martin
Street Address (P.O. Box Number Is Not Acceptable): 7821 CORAL WAY
Suite, Apt. #, Etc.: Suite 116
City: Miami State: FL Zip Code: 33155

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

Date

10-27-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-265-2339

Daytime Phone #

CR2E040 (8/97)

Mon. 10-27-97 Pg. 2 of 2

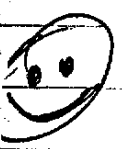
Mrs. Amy Allen

As per our conversation today I
am writing you this letter to explain
that we never received the renewal notice
for the annual report, because it was
mailed to the wrong address.

I apologize for this inconvenience,
and appreciate the help you can give
me with the processing of this application.

Sincerely!

Julio Castro

 P.S. I am enclosing my business card and
if at any time you need any help or info
in the Miami area, please don't hesitate
to call.