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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000030999 (2)

1. Corporation Name  
DADE COUNTY MEDICAL GROUP, INC.



Principal Place of Business  
6368 S.W. 8TH ST.  
MIAMI FL 33144

Mailing Address  
6368 S.W. 8TH ST.  
MIAMI FL 33144-4100

3. Date Incorporated or Qualified  
04/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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4. FEI Number  
65-0656716

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LABRADOR, WILLIAM  
8368 S.W. 8TH ST.  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE *William Labrador* *William Labrador* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	D	LABRADOR, WILLIAM	8368 S.W. 8TH ST. MIAMI FL 33144	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
				1.2 NAME
				1.3 STREET ADDRESS
				1.4 CITY-ST-ZIP
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.2 NAME
				2.3 STREET ADDRESS
				2.4 CITY-ST-ZIP
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.2 NAME
				3.3 STREET ADDRESS
				3.4 CITY-ST-ZIP
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.2 NAME
				4.3 STREET ADDRESS
				4.4 CITY-ST-ZIP
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.2 NAME
				5.3 STREET ADDRESS
				5.4 CITY-ST-ZIP
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.2 NAME
				6.3 STREET ADDRESS
				6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *William Labrador* *William Labrador* *305-214-9902*

CR2E034 (9/96)