

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000040665 (7)

1. Corporation Name  
RUIZ GONZALEZ INC.

Principal Place of Business  
4325 SUN & LAKE BLVD.  
SEBRING FL 33872

Mailing Address  
4325 SUN & LAKE BLVD.  
SEBRING FL 33872

FILED

97 OCT 20 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1996		3a. Date of Last Report	
21	4325 SUN N LAKES BLVD	26	Suite, Apt. #, etc.	4. FEI Number 65-0686944		Applied For Not Applicable	
22	SUITE 101	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	SEBRING, FL	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	33872	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25	USA	30	Country	10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				81 Name			
RUIZ, JOSE L				82 Street Address (P.O. Box Number is Not Acceptable)			
3200 PHYSICIANS WAY				700002326587--2			
SEBRING FL 33870				-10/22/97--01043--006			
				****550.00 ****550.00			
				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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	PRESIDENT
NAME	RUIZ, JOSE L	1.2 NAME	JOSE L. RUIZ, M.D.
STREET ADDRESS	3200 PHYSICIANS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	VICE PRESIDENT
NAME		2.2 NAME	JORGE F. GONZALEZ, M.D.
STREET ADDRESS		2.3 STREET ADDRESS	4325 SUN N LAKES BLVD SUITE 101
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SEBRING, FL 33872
TITLE		3.1 TITLE	TREASURER
NAME		3.2 NAME	MYRTA C. GONZALEZ
STREET ADDRESS		3.3 STREET ADDRESS	4325 SUN N LAKE BLVD SUITE 101
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SEBRING, FL 33872
TITLE		4.1 TITLE	SECRETARY
NAME		4.2 NAME	DELIA M. RUIZ
STREET ADDRESS		4.3 STREET ADDRESS	3200 PHYSICIANS WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SEBRING, FL 33870
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*[Signature]*

CR2E034 (9/96)