

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000042323 (1)

1. Corporation Name
BETHESDA HEALTHCARE ORGANIZATION INC.



Principal Place of Business 7100 BISCAYNE BLVD. MIAMI FL 33138	Mailing Address 7100 BISCAYNE BLVD. MIAMI FL 33138-5702
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3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report
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2. Principal Place of Business 21 7100 Biscayne Blvd	2a. Mailing Address 26 7100 Biscayne Blvd #200
Suite, Apt. #, etc. 22 #200	Suite, Apt. #, etc. 27 #200
City & State 23 Miami	City & State 28 Miami
Zip 24 33138	Zip 29 33138
Country 25 US	Country 30 US

4. FEI Number 65-0675272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PEREZ-HERNANDEZ, PEDRO A 7100 BISCAYNE BLVD. MIAMI FL 33138	
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10. Name and Address of New Registered Agent	
81 Name n/a	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 607.0505, Florida Statutes.

SIGNATURE **Pedro A. Perez-Hernandez**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	LOUISSAINT, WILNER
STREET ADDRESS	2325 N.W. 195TH ST.
CITY-ST-ZIP	MIAMI GARDENS FL 33058
TITLE	D <input type="checkbox"/> DELETE
NAME	PEREZ-HERNANDEZ, PEDRO A
STREET ADDRESS	1855 N.W. 60TH ST. #428
CITY-ST-ZIP	HALEAH FL 33012
TITLE	D <input type="checkbox"/> DELETE
NAME	CARRALERO, MARCOS J
STREET ADDRESS	7090 WEST 9TH COURT
CITY-ST-ZIP	HALEAH FL 33014
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Algirdas J. Krisciunas MD
1.3 STREET ADDRESS	345 Ocean Dr
1.4 CITY-ST-ZIP	Miami Beach, FL 33139-6915
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: **WILNER LOUISSAINT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

Date

(305) 756-0076

Daytime Phone #

CR2E034 (9/96)