

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

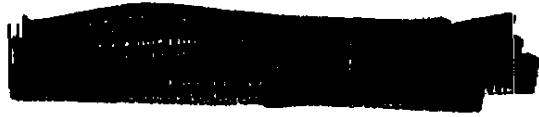


FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000060063 (0)

MIAMI DADE HEALTH SERVICES, INC.

Principal Place of Business: 80 SW 8th Street, Miami, FL 33130
 Mailing Address: 80 SW 8 STREET MAIN FL, MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1996
 3a. Date of Last Report

Principal Place of Business 80 S.W. 8th Street	2a. Mailing Address same as principal	4. FEI Number 65-0680721	Applied For Not Applicable
Suite, Apt. #, etc. Suite 2301 23rd Floor	Suite, Apt. #, etc. place of business	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State Miami, FL	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 33130	Country USA	Zip 33130	Country USA
7. Name and Address of Current Registered Agent BURDETTE, WILLIAM R 80 SW 8 STREET MAIN FL MIAMI FL 33130		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BURDETTE, WILLIAM R 80 SW 8 STREET MAIN FL MIAMI FL 33130		81. Name Solomon Goldner	85. Zip Code 33130
		82. Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8th Street, 23rd Floor	
		83. Suite 2301	
		84. City Miami	

1. 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]* DATE: 9-17-97

2. OFFICERS AND DIRECTORS		13. CONDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: BURDETTE, WILLIAM R STREET ADDRESS: 80 SW 8 STREET MAIN FL CITY-ST-ZIP: MIAMI FL 33130	<input type="checkbox"/> DELETE	1.1 TITLE: C, D 1.2 NAME: Solomon Goldner 1.3 STREET ADDRESS: 80 S.W. 8th Street, 23rd Floor 1.4 CITY-ST-ZIP: Miami, FL 33130 Suite 2301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Gort, Wifredo Wifredo STREET ADDRESS: 80 S.W. 8th Street Main FL CITY-ST-ZIP: Miami, FL 33130	<input type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: Wifredo Gort 2.3 STREET ADDRESS: 80 S.W. 8th Street, 23rd Floor 2.4 CITY-ST-ZIP: Miami, FL 33130 Suite 2301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Howard Weiss STREET ADDRESS: 80 S.W. 8th Street, 23rd Floor CITY-ST-ZIP: Miami, FL 33130 Suite 2301	<input type="checkbox"/> DELETE	3.1 TITLE: VC, D 3.2 NAME: Howard Weiss 3.3 STREET ADDRESS: 80 S.W. 8th Street, 23rd Floor 3.4 CITY-ST-ZIP: Miami, FL 33130 Suite 2301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Sam Fogelman STREET ADDRESS: 80 S.W. 8th Street, 23rd Floor CITY-ST-ZIP: Miami, FL 33130 Suite 2301	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: Sam Fogelman 4.3 STREET ADDRESS: 80 S.W. 8th Street, 23rd Floor 4.4 CITY-ST-ZIP: Miami, FL 33130 Suite 2301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Joe Perez STREET ADDRESS: 80 S.W. 8th Street, 23rd Floor CITY-ST-ZIP: Miami, FL 33130 Suite 2301	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: Joe Perez 5.3 STREET ADDRESS: 80 S.W. 8th Street, 23rd Floor 5.4 CITY-ST-ZIP: Miami, FL 33130 Suite 2301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: Martin Weiss STREET ADDRESS: 80 S.W. 8th Street, 23rd Floor CITY-ST-ZIP: Miami, FL 33130 Suite 2301	<input type="checkbox"/> DELETE	6.1 TITLE: S 6.2 NAME: Martin Weiss 6.3 STREET ADDRESS: 80 S.W. 8th Street, 23rd Floor 6.4 CITY-ST-ZIP: Miami, FL 33130 Suite 2301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

4. 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 of this report.

CRP2034 (1997)