

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

FILED

Feb 17 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 # P96000091604 (4)

1. Corporation Name  
DORAL PEDIATRICS AT AND MEDICAL MANAGEMENT SERVICES, INC.

Principal Place of Business

825 SOUTHWEST 87 AVENUE, SECOND FL. STE C  
MIAMI FL 33174

Mailing Address

14243 SOUTHWEST 53 STREET  
MIAMI FL 33175-5824

3. Date Incorporated or Qualified  
11/07/1996

3a. Date of Last Report

2. Principal Place of Business

21 7900 N.W. 27<sup>TH</sup> AVE

2a. Mailing Address

26

Suite, Apt. #, etc. SUITE

Suite, Apt. #, etc.

22 296

27

City & State

City & State

23 MIAMI, FL

28

Zip

Country

Zip

Country

24 33147

25

DADE

29

30

4. FEI Number

65-0705444

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

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 PD  
NAME DE DIEGO, JORGE A  
STREET ADDRESS 825 SOUTHWEST 87 AVENUE, SECOND FL. STE C  
CITY- ST- ZIP MIAMI FL 33174

DELETE

TITLE VTD  
NAME DE DIEGO, ANA S  
STREET ADDRESS 825 SOUTHWEST 87 AVENUE, SECOND FL. STE C  
CITY- ST- ZIP MIAMI FL 33174

DELETE

TITLE SD  
NAME VALDES-DIAZ, NATACHA  
STREET ADDRESS 825 SOUTHWEST 87 AVENUE, SECOND FL. STE C  
CITY- ST- ZIP MIAMI FL 33174

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 14243 S.W. 53 ST  
1.4 CITY- ST- ZIP MIAMI, FL. 33175

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 14243 S.W. 53 ST  
2.4 CITY- ST- ZIP MIAMI, FL. 33175

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 14243 S.W. 53 ST  
3.4 CITY- ST- ZIP MIAMI, FL. 33175

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

Change Addition

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:

Natacha Valdes-Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97 (305) 223-5960

Date Daytime Phone #

CR2E034 (9/96)