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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90260 007 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000001737

1. Corporation Name
BERTREN'S DIAGNOSTIC MEDICAL CENTER, INC.



Principal Place of Business 1212 NORTHWEST 79TH STREET MIAMI FL 33147	Mailing Address 1212 NORTHWEST 79TH STREET MIAMI FL 33147
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1998

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number

65-0812117

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	OCTAVIUS L. HINES	
82 Street Address (P.O. Box Number is Not Acceptable)	7631 NW 17 AVE	
83		
84 City	MIAMI	FL
85 Zip Code	33147	

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 Octavius L. Hines Octavius L. Hines 4/29/99
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	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	HINES, LOTTIE M	1.2 NAME
STREET ADDRESS	1212 NORTHWEST 79TH STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE
NAME	GORDON, BERTREN A	2.2 NAME
STREET ADDRESS	1212 NORTHWEST 79TH STREET	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE
NAME	HINES, MARY	3.2 NAME
STREET ADDRESS	1212 NORTHWEST 79TH STREET	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE
NAME	HINES, MARTHA	4.2 NAME
STREET ADDRESS	1212 NORTHWEST 79TH STREET	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33147	4.4 CITY-ST-ZIP
TITLE	Edwin C. Mitchell <input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	TD	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	ADRIAN T. HINES <input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	Member	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

Members <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

65-29-99-305-236871
 Date Daytime Phone #

CR2E034 (11/98)