

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90240 032 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000024387

1. Corporation Name

A.B.C. MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
6104 S.W. 146TH COURT MIAMI FL 33183	6104 S.W. 146TH COURT MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 14708 SW 56 St		26 14708 S.W. 56 St		03/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0820375	
City & State		City & State		Applied For	
23 Miami Florida		28 Miami FL		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33185		25 Dade		29 33185 30 Dade	
3. Name and Address of Current Registered Agent		81 Name			
SOTOLONGO, CARLOS A		82 Street Address (P.O. Box Number is Not Acceptable)			
6104 S.W. 146TH COURT		83			
MIAMI FL 33183		84 City			
		FL 85 Zip Code			
		10. Name and Address of New Registered Agent			
		8. This corporation owes the current year Intangible Personal Property Tax.			
		Yes No			

9. Name and Address of Current Registered Agent

SOTOLONGO, CARLOS A  
 6104 S.W. 146TH COURT  
 MIAMI FL 33183

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	P	1.1 TITLE	Change Addition
NAME	SOTOLONGO, CARLOS A	1.2 NAME	
STREET ADDRESS	6104 S.W. 146TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Change Addition
NAME	SANTANA, FIDEL A	2.2 NAME	
STREET ADDRESS	14450 S.W. 51ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, prior to an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99. (305) 388 0822.

Date

Filing Fee \$150.00

CR2E034 (11/98)