

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED May 20 1997 8:00am Secretary of State

DOCUMENT # 825460

1. Corporation Name NORTH WEST MIAMI MEDICAL AND DENTAL CENTERS, INC.

Principal Place of Business 6103 NW 7 AVE MIAMI, FL 33127 Mailing Address 6103 N.W. 7 AVE. MIAMI FL 33127-1111

3. Date Incorporated or Qualified 01/16/1991 3a. Date of Last Report 08/05/1996

2. Principal Place of Business 21 6103 NW 7 AVE 26 Suite, Apt. #, etc.

4. FEI Number 65-0239349 Applied For Not Applicable

22 City & State MIAMI FL 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip 33127 Country DADE 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent GRAHAM, WILLIE 6103 NW 7 AVE MIAMI FL 33127

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

Table with 5 rows for Officers and Directors. Columns: Title, Name, Street Address, City-ST-ZIP. Includes 'DELETE' checkbox for each row.

Table with 5 rows for Additions/Changes to Officers and Directors. Columns: Title, Name, Street Address, City-ST-ZIP. Includes 'Change' and 'Addition' checkboxes for each row.

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: [Signature] 5/15/97 (205) 758-8622

CR2E034 (9/96)