


FILED
May 01 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 # S46192				(8)	
1. Corporation Name GABLES TRAUMA CENTER INC.					
Principal Place of Business 3971 S.W. 8TH STREET SUITE 202 CORAL GABLES FL 33134			Mailing Address 3400 CORAL WAY 600 MIAMI FL 33145-3053 US		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24			29		
25			30		
9. Name and Address of Current Registered Agent					
SANTANA, ISIDORO 3971 SW 8TH ST MIAMI FL 33134				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's 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)					
12. OFFICERS AND DIRECTORS					
13.					
1.1 TITLE		1.2 NAME		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	

CR2E034 (9/96)