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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S46192

GABLES TRAUMA CENTER INC.

(8)

FILED
May 01 1997 8:00am
Secretary of State



Principal Plac	e of Business	Mailing Address							
3971 S.W. 8TH	STREET	3400 CORAL WAY	′						
SUITE 202 CORAL GABLES FL 33134		600							
			MIAMI FL 33145-3053						
		U\$				 Date Incorporated or Qualified 04/18/1991 	3a. Da 06/	te of Last F 19/1996	Roport
2. Principal P	lace of Business	2a. Mailing Addr	2a, Mailing Address			4, FEI Number		A	oplied For
21		26	26			<u>CE_00E7000</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired	Ш		equired
City & State	8	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Z ip	Cc	ountry	1	8. This corporation has liability for	intangible		
24	25	29	30				【 Yes [, , , , , , , , , , , , , , , , , , , ,
	9. Name and Address of C			T	***************************************	10. Name and Address of New Re			
SAN	ITANA, ISIDORO			81	Name				
	1 SW 8TH ST			82	ļ				
	MI FL 33134				Street Addr	ddress (P.O. Box Number is Not Acceptable)			
WIN.	III I B VVIVI			83	 			· · ·	· · · · · · · · · · · · · · · · · · ·
				"					
				84	City		p ,	85 Zip	Code
		1000		<u> </u>	L	poration submits this statement for the p	FL		
office or r	egistered agent, or both, in the imfamiliar with, and accept the	State of Florida, Such char	de was authoriz	ed by	v the corporat	tion's board of directors. Hereby acce	pt the app	ointment as	registered
SIGNATURE	Signature typed or printed name of register	red ament and title diarroficable	(NOTE Rouster	red An	ent signature requir	red when reinstating)	DATE		
12.		S AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
TITLE	PD	DI DI		TITLE				☐ Change	Addition
NAME	SANTANA, ISIDORO	_		NAME					
STREET ADDRESS	3971 SW 8TH ST				ADDRESS				•
	MIAMI FL				ţ				
CITY-ST-ZIP TITLE	VP	□ DE		CITY - 5 TITLE	SI - ZIP			Change	Addition
	SANTANA, MARIA E	L) DI						Criange	L_J Addition
NAME	3971 SW 8 ST			NAME					
STREET ADDRESS	MIAMI FL		23	STREET	ADDRESS				
CHY-ST-ZIP	MIAMI FL				ST-7IP			_	·· • • · · · · · · · · · · · · · · · ·
TITLE		[_] DE	LE [E 31]	TOLE				Change	Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP				ÇITY-:	\$1-7IP				
TITLE		□ DI	LETE 4.1	TITLE				Change	Addition
NAME		1	4 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY - S	- 1				
TITLE		□ DE		TILE				Change	Addition
NAME		1 VI		NAME				- vininge	
					4000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY - S	ST-ZIP	·			
TITLE		<u>□</u> 00	LEIE 61	TITLE				Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY_\$T_7/D				env e	22 740				

14. I do hereby certify that the information supplied with the subing 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 supplied in the information indicated on this annual report or supplied in the information indicated on this annual report or supplied in the information indicated on this annual report or supplied in the information indicated on this 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 recovery 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.