

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S65961** (2)

1. Corporation Name

WESTCHESTER PHYSICIANS CENTER, INC.



Principal Place of Business

Mailing Address

**8741 CORAL WAY
MIAMI FL 33165
US**

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MIAMI FL 33165
US**

3. Date Incorporated or Qualified 07/12/1991	3a. Date of Last Report 06/14/1995
4. FEI Number 65-0272721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUINTANA, J. LUIS
2100 PONCE DE LEON BLVD.
SUITE 1100
CORAL GABLES FL 33134**

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 607.1506, 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 the date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. 1 TITLE	1. 1 TITLE
NAME	1. 2 NAME
STREET ADDRESS	1. 3 STREET ADDRESS
CITY-ST-ZIP	1. 4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 1 TITLE	2. 1 TITLE
NAME	2. 2 NAME
STREET ADDRESS	2. 3 STREET ADDRESS
CITY-ST-ZIP	2. 4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 1 TITLE	3. 1 TITLE
NAME	3. 2 NAME
STREET ADDRESS	3. 3 STREET ADDRESS
CITY-ST-ZIP	3. 4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 1 TITLE	4. 1 TITLE
NAME	4. 2 NAME
STREET ADDRESS	4. 3 STREET ADDRESS
CITY-ST-ZIP	4. 4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 1 TITLE	5. 1 TITLE
NAME	5. 2 NAME
STREET ADDRESS	5. 3 STREET ADDRESS
CITY-ST-ZIP	5. 4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 1 TITLE	6. 1 TITLE
NAME	6. 2 NAME
STREET ADDRESS	6. 3 STREET ADDRESS
CITY-ST-ZIP	6. 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Quintana, J. Luis Director

3-6-96

CR2E034 (12/95)