

**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 # **S90607** (0)

1. Corporation Name  
**HEALTHCARE WORKSHOP, INC.**



Principal Place of Business: **7350 N.W. 7TH STREET - SUITE 104 - MIAMI FL 33126 -**  
Mailing Address: **2600 DOUGLAS RD STE 501 CORAL GABLES FL 33134**

2. Principal Place of Business  
21 **2600 Douglas Road**  
Suite, Apt. #, etc.  
22 **Suite 501**  
City & State  
23 **Coral Gables, FL**  
Zip 24 **33134** Country 25 **USA**

3. Date incorporated or Qualified: **10/29/1991**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **65-0291977**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**MUR & ASSOCIATES, P.A.  
2600 DOUGLAS RD  
STE 501  
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 607.1508, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when removal of agent.)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MUR, LAZARO</b>	
STREET ADDRESS	<b>2600 DOUGLAS RD STE 501</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>JOSEPH L. CARUNCHO</b></del>	
STREET ADDRESS	<del><b>2600 DOUGLAS RD, SUITE 501</b></del>	
CITY - ST - ZIP	<del><b>CORAL GABLES FL</b></del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/D Lazaro Mur</b>
1.3 STREET ADDRESS	<b>2600 Douglas Road, Suite 501</b>
1.4 CITY - ST - ZIP	<b>Coral Gables, FL 33134</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S/D Jose L. Rodriguez</b>
2.3 STREET ADDRESS	<b>7441 S.W. 74 Avenue</b>
2.4 CITY - ST - ZIP	<b>Miami, FL 33143</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>900001805478</b>
4.3 STREET ADDRESS	<b>-05/02/96 - 01086 - 013</b>
4.4 CITY - ST - ZIP	<b>***200.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: \_\_\_\_\_ DATE: **4/23/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **president** (305) 569-9469

CR2E034 (12/95)