


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

FILED

**Apr 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V02131 (3)

1. Corporation Name
RODOLFO J. CEPERO, M.D., P.A.



Principal Place of Business 1150 CAMPO SANO AVE. SUITE 410 CORAL GABLES FL 33146 US	Mailing Address 1150 CAMPO SANO AVE SUITE 410 CORAL GABLES FL 33146 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7000 SW 62nd Ave	2a. Mailing Address 26 7000 SW 62nd Ave
Suite, Apt. #, etc. 22 Suite 410	Suite, Apt. #, etc. 27 Suite 410
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33143	Country 25 USA
	Country 29 USA
	Zip 30 33143

3. Date Incorporated or Qualified
12/24/1991

4. FEI Number 65-0302770	Applied For <input type="checkbox"/> Not Applicable
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CEPERO, RODOLFO J MD
1150 CAMPO SANO AVE
SUITE 410
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

B1 Name CEPERO, RODOLFO J. MD
B2 Street Address (P.O. Box Number is Not Acceptable) 7000 SW 62nd Ave
B3 Suite 410
B4 City Miami
FL B5 Zip Code 33143

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME CEPERO, RODOLFO J	
STREET ADDRESS 1150 CAMPO SANO AVENUE, SUITE 410	
CITY-ST-ZIP CORAL GABLES FL	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 7000 SW 62nd Ave, Suite 410	
1.4 CITY-ST-ZIP Miami, FL 33143	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 in an attachment with an address.

SIGNATURE: *Rodolfo Cepero* **4-13-98 305-668-0155**

CP2E034 (10/97)