

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V65124 (2)**
1. Corporation Name
P.H.E.O. MEDICAL CENTER OF MIAMI, INC.



Principal Place of Business: **8785 NW 32ND AVE MIAMI FL 33147**
Mailing Address: **P.O. BOX 210 CLEVELAND AL 35049-0210**

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. City & State: 27
23. Zip: 24
25. Country: 25
29. Country: 30

3. Date Incorporated or Qualified: **09/21/1992**
3a. Date of Last Report: **07/07/1995**
4. FET Number: **65-0369382**
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

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83 City, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
11. PD RHODES, RUSSELL R. 353 HEAD DRIVE, SUITE 100 CLEVELAND AL 35049
12. SD RHODES, PATRICIA L. 353 HEAD DRIVE, SUITE 100 CLEVELAND AL 35049
13. [] DELETE
14. [] DELETE
15. [] DELETE
16. [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
11. TITLE [] Change [] Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP
21. TITLE [] Change [] Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
31. TITLE [] Change [] Addition
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP
41. TITLE [] Change [] Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
51. TITLE [] Change [] Addition
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP
61. TITLE [] Change [] Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-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 appointment with an address.

SIGNATURE: *Russell R Rhodes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUSSELL R RHODES

02/05/96 (205) 274-0843

CR2E034 (12/95)