PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT #	V69452	(3)				
1. Corporation Name GREAT MIAMI PATIS	ENT CARE, INC.			Ì		
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Principal Place of Business		ailing Address				
5545 SW 8TH \$T.	10001 SW COTH TEXPAGE					
SUITE 205 Miami Fl 33134	MAMT FL 33173				4.5	
					 Date Incorporated or Qualified 10/05/1992 	3a. Date of Last Report 03/16/1995
2. Principal Place of Business 21 5545 SW 85	موسد	Mailing Address あかれる くの) PST		4. FEI Number 65-0364097	Applied For
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			5. Certificate of Status Desired	Not Applica \$8.75 Additiona
22	27	+ 205 City & State				Fee Required
+ Flami	FL 28	Jia HI			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
33 134	DADE 29	33134	Ge intry	_	This corporation has liability for Florida Statutes	
	Address of Current Regis		130 2740		10. Name and Address of New I	
			81 Nan	Roli	MUDO ARHEN	TEXAS
GAMEZ, MORGE	2		82 Stre	et Address	s (P.O. Box Nuniber is Not Acceptat	
MIAMIN 33173			83) () () () () () () () () () () () () ()		
			84 City	UNE .	204	85 Zip Code
11. Parsuant to the provisions of	Sections 607.0502 and 60	7.1508. Florida Statute	s, the above named	Corporation	on submits this statement for the pu	roose of changing its registered of
or registered agent, or both, familiar with, and accept to	in the State of Florida: Such Algorions of Section 607.	i charige was authorize 0565, Florida Statutes.	of by the corporation	n's board o	of directors. I hereby accept the app	ointment as registered agent. I ar
SIGNATURE ///la	1 The	Prosid.				- 24 - 7 6
12.	OFFICERS AND DIREC		 Bagistered Agent signate 13. 	re required wi		DATE ICERS AND DIRECTORS IN 12
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STREET ADURESS	ATRICE PHACE		2.3 STREET ADDRES		545 & ST # 20	1
DITS STEED MIAMI/FLL83	173		2 4 C(TY-ST-7)P	니시	1841 FL 3313	
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			5.4 CITY - ST - ZIP	-		
CHY S1-ZiP						

64 CITY - ST - ZIP 14. Let 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 outli, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Leyting Proces

62 NAME

6.3 STREET ADDRESS

STREET ADDRESS.

C(TY-51-Z)P

SINE CHY-THEE NAM: SIRE CHY BILLE NAME

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