

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

APPROVED  
AND  
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97 JUN -3 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V74035  
1. Corporation Name

VIP Medical Centers, Inc.

Principal Place of Business Mailing Address

9350 S. Dixie Highway  
Suite 1220  
Miami, Florida 33156

3. Date Incorporated or Qualified 10/23/92 3a. Date of Last Report 5/3/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0368476	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Blanca Santos  
9350 S. Dixie Highway  
Suite 1220  
Miami, Florida 33156

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: *Blanca Santos* DATE: 5/22/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/Chairman/COO	1.1 TITLE	Change Addition
NAME	Morrison, Michael Ann	1.2 NAME	
STREET ADDRESS	8551 W. Sunrise Blvd., #200A	1.3 STREET ADDRESS	200002206512-0
CITY-ST-ZIP	Plantation, Florida 33322	1.4 CITY-ST-ZIP	-06/09/97-01179-003
TITLE	D/P	2.1 TITLE	Change Addition
NAME	Petrillo, Steven C.	2.2 NAME	
STREET ADDRESS	7900 S.W. 143rd Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33158	2.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	D/S	3.1 TITLE	Change Addition
NAME	Santos, Blanca	3.2 NAME	
STREET ADDRESS	9350 S. Dixie Highway, #1220	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33156	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
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 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 on an attachment with an address.

SIGNATURE: *Blanca Santos* DATE: 5/22/97 (305) 670-9773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)