

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 9:38

DOCUMENT # G16933

(5)

1. Corporation Name

EAST GABLES MEDICAL CENTER, CORP.

Principal Place of Business

Mailing Address

110 NW 27TH AVE. MIAMI, FL 33125
P.O. BOX 144036
CORAL GABLES FL 33114

110 NW 27TH AVE. MIAMI, FL 33125
P.O. BOX 144036
CORAL GABLES FL 33114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1982

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2237115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible taxes under S. 199.033,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, PEDRO
110 N.W. 27TH AVENUE
MIAMI FL 33125**

81 Name

82 Street Address (P.O. Box Numbers 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

Pedro Gonzalez

PEDRO GONZALEZ

1-10-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, ISABEL
STREET ADDRESS	727 E. DILDO DRIVE
CITY, ST, ZIP	MIAMI FL 33139
TITLE	DV
NAME	MARQUEZ, MAGGIE
STREET ADDRESS	1546 ALEGRIANO
CITY, ST, ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☐ Change ☒ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	33146
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 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 contained in Section 199.033, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maggie Marquez

MAGGIE MARQUEZ

1-10-95

(305) 644-9091

SIGNATURE AND PRINTED NAME OF SIGNED OFFICER OR DIRECTOR