FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAR -7 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036962 (7)

1. Corporation Name
PRIVATE MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
559 EAST 9TH STREET HIALEAH FL 33010	559 EAST 9TH STREET HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21: 123 Douglas Rd
22 Suite, Apt. #, etc.: Suite 4
23 City & State: Coral Gables FL
24 Zip: 33135
25 Country: DADE

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0411486 ☐ Applied For ☐ Not Applicable

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

PENA, HECTOR M
559 EAST 9TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

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 Section 607.0505 and/or 617.1508, 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 _____
Signature, typed or printed name of individual 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PENA, HECTOR M	1.2 NAME	
STREET ADDRESS	559 EAST 9TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: 2/07/95 (305)5299181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078040 CP