

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90091 002 ***150.00

DOCUMENT # P96000050457

1. Corporation Name

GILA MEDICAL CENTER, INC.

Principal Place of Business

1774 S.W. 8 ST.
MIAMI FL 33135

Mailing Address

1774 S.W. 8 ST.
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1996

4. FEI Number

65-0678430

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8362 S.W. 8 ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 8362 S.W. 8 ST.
Suite, Apt. #, etc.

City & State

23 MIAMI, FL

Zip

24 33144

Country

25 U.S.A

City & State

28 MIAMI, FL

Zip

29 33144

Country

30 U.S.A

9. Name and Address of Current Registered Agent

ABLES, LILIA R MD
1774 S.W. 8 ST.
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

ABLES, LILIA R. M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

83 8362 S.W. 8 ST

84 City

MIAMI

FL

85 Zip Code

33144

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME ABLES, LILIA R MD
STREET ADDRESS 1774 S.W. 8 ST.
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☐ Change ☒ Addition
1.2 NAME ABLES, LILIA R MD
1.3 STREET ADDRESS 8362 S.W. 8 ST
1.4 CITY-ST-ZIP MIAMI, FL 33144

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

ABLES, LILIA R MD. (PTD)

04-05-99 305-269-6989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

0215246