## 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

## DOCUMENT # P9600050457

GILA MEDICAL CENTER, INC.

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

04-08-1999 90091 002 \*\*\*150.00



Principal Place	of Business	Mailing Address					Attit Ballı Alabı A	
•		-		-	1			
1774 S.W. 8 ST. 1774 S.W. 8 ST. MIAMI FL 33135 MIAMI FL 33135								
MIAMI FL 33135 MIAMI FL 33135		MIRWI I L GOTOG			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					06/12/1996		-1	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21 9262	S.W.8.ST	26 8362 S.W. 8 S	T		65-0678430		Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	Ġ	\$8.75 A	_
22	يعريك فتعصيدوا الأادي وا	27	<b></b>		5. Certificate of otatos besired		Fee Rec	uired
City & State	9	City & State			6. Election Campaign Financing	П	\$5.00 N	- 1
23 MTAMT,	<b>हा</b> .	28 MTAMT FT.			Trust Fund Contribution		. Added to	Fees
Zip	Country	Zip	Cou	•	8. This corporation owes the curr	ent year Int		
24 33144	25 U.S.A	29 33144	30 U.	S.A	Personal Property Tax.			□No
	9. Name and Address of Current				10. Name and Address of New F	Registered	Agent	
				81 Name	DC TITLED MID			
	ES, LILIA R MD		ŀ	82 Street Add	ABLES, LITTA R. M.D. t Address (P.O. Box Number is Not Acceptable)			
	I S.W. 8 ST.			026	52-S.W. 8-ST	<u>`</u>		
MIAN	VII FL: 33125			83	02-5.W. 0 51			
				84 City			85 Zip C	ode
	•			¹ MTZ	AMT .	FL	• liii   331 <i>4</i>	14
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the al	have camed car	poration submits this statement for the	purpose of	changing its r	egistered
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida, Such change was autions of Section 607 0505, Flori	thorized	d by the corporati	ion's board of directors. I hereby accep	ot the appor	ntment as reg	istered
	m lamiliar with, and accept the congain	ons of, Geomoti cort.coco, i fore	uu oluk	a				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered	Agent signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TII	TLE I	OTE		Change	☐ Addition
NAME	ABLES, LILIA R MD		1.2 NA	AME Z	ABLES, LILIA R MD		х	1
STREET ADDRESS	1774 S.W. 8 ST.				ADDERS ADTITION IN THE			
CITY-ST-ZIP	MIAMI FL 33125		1.3 ST	TREET ADDRESS   S				
TITLE	MI/WH 1 E 00 120				3362 S.W. 8 ST		-	į
				TY-ST-ZIP 1			☐ Change	Addition
NAME	·	☐ DELETE	1.4 CF	TY-ST-ZIP N	3362 S.W. 8 ST		Change	Addition
NAME		☐ DELETE	1.4 CF 2.1 TF 2.2 NA	TY-ST-ZIP N TLE AME	3362 S.W. 8 ST		. Change	☐ Addition
STREET ADDRESS	Sometime de la company de la c	DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST	TY-ST-ZIP N TLE AME TREET ADDRESS	3362 S.W. 8 ST		☐ Change	Addition
STREET ADDRESS	د ومورشاهای سیدنش شاهمای د	To the control of the	1.4 CF 2.1 TF 2.2 NA 2.3 ST - 2.4 CF	TY-ST-ZIP  TLE  AME  TREET ADDRESS  EITY-ST-ZIP	3362 S.W. 8 ST 4TAMI, FL 33144		☐ Change	Addition  Addition
STREET ADDRESS CITY-ST-ZIPT - TITLE	د و د د د د د د د د د د د د د د د د د د	☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST - 2.4 CF 3.1 TF	TY-ST-ZIP TLE AME TREET ADDRESS SITY-ST-ZIP TLE	3362 S.W. 8 ST 4TAMI, FL 33144			
STREET ADDRESS CITY-ST-ZIPT-TITLE NAME	ر در وسدادها الماريد استاليدينيون المارسوسيداد .	To the control of the	1.4 CF 2.1 TH 2.2 NA 2.3 ST - 2.4 CF 3.1 TH 3.2 NA	TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME	3362 S.W. 8 ST 4TAMI, FL 33144			
STREET ADDRESS CITY-ST-ZIPT - TITLE	رى چېروميان چېرو سال پېښېدې مېرموسوسو د د د	To Book of the second second	1.4 Cm 2.1 TM 2.2 NA 2.3 ST - 2.4 Cm 3.1 TM 3.2 NA 3.3 ST	TY-ST-ZIP TLE AME TREET ADDRESS EXTY-ST-ZIP TLE AME TREET ADDRESS	3362 S.W. 8 ST 4TAMI, FL 33144	*		
STREET ADDRESS CITY-ST-ZIPT-TITLE NAME STREET ADDRESS CITY-ST-ZIP	رى ئارىيىلىلىنى ئۇرىلىلىنى ئۇرىلىلىنى ئۇرىلىلىنى ئارىلىلىنى ئۇرىلىنى	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST - 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 CC	TY-ST-ZIP TLE AME ITEET ADDRESS ITY-ST-ZIP TLE AME ITEET ADDRESS ITY-ST-ZIP ITEET ADDRESS	3362 S.W. 8 ST 4TAMI, FL 33144		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIPT TITLE NAME STREET ADDRESS	ال المسلم	To Book of the second second	1.4 CF 2.1 TII 2.2 NA 2.3 ST - 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4. CC	TY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE	3362 S.W. 8 ST 4TAMI, FL 33144			
STREET ADDRESS CITY-ST-ZIPT-TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretarian de la companya de la com	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST - 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N	TTY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	3362 S.W. 8 ST 4TAMI, FL 33144		☐ Change	Addition
STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	The state of the s	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST - 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N	TY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE	3362 S.W. 8 ST 4TAMI, FL 33144		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIPT TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Secretarian de la companya de la com	DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST - 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4. CF 4.1 TH 4.2 NA 4.3 ST	TTY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	3362 S.W. 8 ST 4TAMI, FL 33144		☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Sometime of the second	DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST - 2.4 CC 3.1 TH 3.2 NA 3.3 ST 3.4. CC 4.1 TH 4.2 NA 4.3 ST 4.4 CF	TY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE JAME TREET ADDRESS TITY-ST-ZIP TREET ADDRESS TITY-ST-ZIP TREET ADDRESS	3362 S.W. 8 ST 4TAMI, FL 33144		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sometime of the second	DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST - 2.4 CC 3.1 TH 3.2 NA 3.3 ST 3.4. CC 4.1 TH 4.2 NA 4.3 ST 4.4 CF	TY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE JAME TREET ADDRESS TITY-ST-ZIP TREET ADDRESS TITY-ST-ZIP TREET ADDRESS	3362 S.W. 8 ST 4TAMI, FL 33144		☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	S Company of the printed on the second	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST - 2.4 CG 3.1 TII 3.2 NA 3.3 ST 3.4. CC 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA	TY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE JAME TREET ADDRESS TITY-ST-ZIP TREET ADDRESS TITY-ST-ZIP TREET ADDRESS	3362 S.W. 8 ST 4TAMI, FL 33144		☐ Change	Addition Addition

14. I hereby certify that the information sepplied 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 of 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 turstee annowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed of on an attaining my fift an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP 4.

GNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

DELETE

Addition

Change