

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000076495 1. Corporation Name ALYKAT MEDICAL CENTER INC.			
Principal Place of Business 533 SW 8 St. Miami, FL. 33130		Mailing Address 533 SW 8 St. Miami, FL. 33130.	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified		4. FFI Number 65-0698663 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	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No		8. Name and Address of Current Registered Agent ELIZABETH FERNANDEZ. 533 SW 8 St. Miami, FL. 33130.	
9. Name and Address of New Registered Agent ELIZABETH FERNANDEZ 533 SW 8 St. Miami, FL. 33130.		10. Name and Address of New Registered Agent 81 Name ELIZABETH FERNANDEZ 82 Street Address (P.O. Box Number is Not Acceptable) 533 SW 8 St. 83 84 City MIAMI, FL 85 Zip Code 33130	
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 <i>[Signature]</i> (NOTE: Registered Agent Signature required when installing) DATE 01-19-98			
12. OFFICERS AND DIRECTORS 1.1 TITLE President ☒ DELETE 1.2 NAME Leonardo J. Carralero 1.3 STREET ADDRESS 3170 SW 8 St. Miami, FL. 33135 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE ☐ DELETE 2.2 NAME ☐ DELETE 2.3 STREET ADDRESS ☐ DELETE 2.4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE ☐ DELETE 3.2 NAME ☐ DELETE 3.3 STREET ADDRESS ☐ DELETE 3.4 CITY-ST-ZIP ☐ DELETE 4.1 TITLE ☐ DELETE 4.2 NAME ☐ DELETE 4.3 STREET ADDRESS ☐ DELETE 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ DELETE 5.2 NAME ☐ DELETE 5.3 STREET ADDRESS ☐ DELETE 5.4 CITY-ST-ZIP ☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT ☐ Change ☒ Addition 1.2 NAME ELIZABETH FERNANDEZ 1.3 STREET ADDRESS 533 SW 8 St. Miami, FL. 33130 1.4 CITY-ST-ZIP ☐ Change ☐ Addition 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME ☐ Change ☐ Addition 2.3 STREET ADDRESS ☐ Change ☐ Addition 2.4 CITY-ST-ZIP ☐ Change ☐ Addition 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME ☐ Change ☐ Addition 3.3 STREET ADDRESS ☐ Change ☐ Addition 3.4 CITY-ST-ZIP ☐ Change ☐ Addition 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME ☐ Change ☐ Addition 4.3 STREET ADDRESS ☐ Change ☐ Addition 4.4 CITY-ST-ZIP ☐ Change ☐ Addition 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME ☐ Change ☐ Addition 5.3 STREET ADDRESS ☐ Change ☐ Addition 5.4 CITY-ST-ZIP ☐ Change ☐ Addition	
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. SIGNATURE: <i>[Signature]</i> DATE: 01-19-98 (305) 854-7774			

CR2E034 (10/97)