FILE NOW: FILING FEE AFTER MAY 1 IS $225.

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:18

DOCUMENT # **522465** **(4)**

1. Corporation Name
SWEETWATER HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
320 S.W. 109TH AVENUE MIAMI FL 33174	320 SW 109 AVE MIAMI FL 33174 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1976**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business
21 320 S.W. 109 Ave.
22 Suite, Apt. #, etc.
23 City & State: Miami, Fla.
24 Zip: 33174 25 Country: Dade

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

4. FEI Number: **59-1711097** ☐ 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

GARCIA-PRIETO, ANTONIO
13421 SW 6TH ST
MIAMI FL 33184

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GARCIA-PRIETO, ANTONIO	12 NAME	
STREET ADDRESS	13421 SW 6TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	GARCIA-PRIETO, ANTONIO	22 NAME	
STREET ADDRESS	13421 SW 6TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	FUSTE, JULIO	32 NAME	
STREET ADDRESS	10985 S.W. 6 St,	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	FUSTE, JULIO	42 NAME	
STREET ADDRESS	10985 S.W. 6 St.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ELSA	52 NAME	
STREET ADDRESS	13431 SW 6 ST	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 on an attachment with an address.

SIGNATURE: [signature] **2/22/95** **(305) 221-PCA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100700 CP