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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 522465 (4)

1. Corporation Name:
SWEETWATER HEALTH CENTER, INC.

Principal Place of Business
320 SW 109TH AVENUE
MIAMI FL 33174
US

Mailing Address
320 SW 109 AVE
MIAMI FL 33174-1332
US



3. Date Incorporated or Qualified 12/16/1976
3a. Date of Last Report 03/18/1996

2. Principal Place of Business
21 320 S.W. 109 Ave.

2a. Mailing Address

4. FEI Number 59-1711097
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Miami, Fla.

28 SAME

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 Zip 33174

Country

29 Zip

Country

25 Dade

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(Signature of person who is not a registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GARCIA-PRIETO, ANTONIO
STREET ADDRESS 13421 SW 6TH ST
CITY- ST- ZIP MIAMI, FL 00000 ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE TD
NAME GARCIA-PRIETO, ANTONIO
STREET ADDRESS 13421 SW 6TH ST
CITY- ST- ZIP MIAMI, FL 00000 ☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VD
NAME FUSTE, JULIO
STREET ADDRESS 10905 SW 6TH ST
CITY- ST- ZIP MIAMI FL ☒ DELETE

31 TITLE VD
32 NAME Jose J. Garcia
33 STREET ADDRESS 13431 S.W. 6 St.
34 CITY- ST- ZIP Miami, Fla. 33184 ☐ Change ☒ Addition

TITLE VD
NAME FUSTE, JULIO
STREET ADDRESS 10905 SW 6TH ST
CITY- ST- ZIP MIAMI FL ☒ DELETE

41 TITLE VD
42 NAME Jose J. Garcia
43 STREET ADDRESS 13431 S.W. 6 St.
44 CITY- ST- ZIP Miami, Fla. 33184 ☐ Change ☒ Addition

TITLE S
NAME GONZALEZ, ELSA
STREET ADDRESS 13431 SW 6 ST
CITY- ST- ZIP MIAMI FL ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP ☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-97 (305) 221-8661

Date

Daytime Phone #

CR2E034 (9/96)