FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Jan 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REFORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 522465 (4) SWEETWATER HEALTH CENTER, INC. Principal Place of Business Mailing Address 320 SW 109 AVE 320 SW 109 AVE. MIAMI FL 33174 MIAMI FL 33174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/16/1976 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 320 S.W. 109 Ave, SAME 26 59-1711097 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Miami. Fla Zφ Zip Country Country 8. This corporation owes or has paid the current year Intangible 33174 ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA-PRIETO, ANTONIO 13421 SW 6TH ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33184** 83 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELFTE 1.1 TITLE Addition TITLE GARCIA-PRIETO, ANTONIO NAME 1.2 NAME 13421 SW 6TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE TD **GARCIA-PRIETO, ANTONIO** NAME 2.2 NAME 13421 SW 6TH ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE VD 31 TITLE GARCIA, JOSE J NAME 3.2 NAME 13431 SW 6TH ST. 3 3 STREET ADDRESS STREET ADDRESS MIAMI FL 33184 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME **GONZALEZ, ELSA** 4. 2 NAME 13431 SW 6 ST STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE 5.1 TITLE NAME 5.2 NAME

14. City-st-zip

15. 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 supplied ental 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 of the receiver of the rece

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City - \$1 - ZIP

6.1 TITLE

6.2 NAME

A, Garcia-Prieto M.D.

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

01-16-98

6000024127 PB****

-01/27/98--01024--007

***150.00

(305) 221-8661

Addition

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

COR ANNU	PROFIT PPORATION JAL REPORT 1998	Sandra Secre	PARTMENT OF STATE B. Mortham etary of State OF CORPORATIONS		
•	MENT # 5224	` '			
SWEET	WATER HEALTH CENT	EH, ING.		1 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address					3811 81811 81811 8181F 81811 1881
320 \$W 109 AVE. 320 \$W 109 AVE. MIAMI FL 33174 MIAMI FL 33174					
US		U\$		DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
				12/16/1976	
ວຽດ	ace of Business S.W. 109 Ave.	28. Mailing Address		4. FEI Number	Applied For
Sulte, Apt		26 SAME Suite, Apt. #, etc.	<u> </u>	59-1711097	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Miam Zip	f. Fla. Country	28 Z(p	Country	Trust Fund Contribution This corporation owes or has paid the contribution	Added to Fees
	174 25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of C	urrent Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	RCIA-PRIETO, ANTONIO 121 SW 6TH ST			tress (P.O. Box Number is Not Acceptable)	
	AMI FL 33184			dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 60	7.0502 and 607.1508, Florida Sta	itutes, the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
office or re agent. I ar	egistered agent, or both, in the marker with, and accept the	State of Florida Such change was obligations of, Section 607.0505,	as authorized by the corpora Florida Statutes.	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typed or printed name of registe		NOTE D	uicod when reinstating) DATL	
12.		IS AND DIRECTORS	NOTE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELFTE	1.1 TITLE		Change Addition
NAME STOCET ADDRESS	GARCIA-PRIETO, ANTON	110	1.2 NAME		
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	MIAMI FL 00000		1.3 STREET ADDRESS		
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(305) 221-8661