

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 26 1998 8:00am
Secretary of State

DOCUMENT # 522465 (4)

1. Corporation Name

SWEETWATER HEALTH CENTER, INC.



Principal Place of Business

Mailing Address

320 SW 109 AVE.
MIAMI FL 33174
US

320 SW 109 AVE.
MIAMI FL 33174
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1976

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 320 S.W. 109 Ave.

Suite, Apt. #, etc.

City & State

23 Miami, Fla.

Zip

24 33174

Country

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GARCIA-PRieto, ANTONIO

STREET ADDRESS 13421 SW 6TH ST

CITY-ST-ZIP MIAMI, FL 00000

TITLE TD ☐ DELETE

NAME GARCIA-PRieto, ANTONIO

STREET ADDRESS 13421 SW 6TH ST

CITY-ST-ZIP MIAMI, FL 00000

TITLE VD ☐ DELETE

NAME GARCIA, JOSE J

STREET ADDRESS 13431 SW 6TH ST.

CITY-ST-ZIP MIAMI FL 33184

TITLE S ☐ DELETE

NAME GONZALEZ, ELSA

STREET ADDRESS 13431 SW 6 ST

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

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4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

A. Garcia-Prieto M.D.

01-16-98

(305) 221-8661

CR2E034 (10/97)

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4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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-01/27/98--01024--007
***150.00

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