

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730329** (0)

1. Corporation Name

**PHYSICIAN'S ASSOCIATION OF CLINICS, HOSPITALS AND ANNEX, INC.**

Principal Place of Business

Mailing Address

**1701 W. FLAGLER STREET #2  
MIAMI FL 33135**

**1701 W. FLAGLER STREET #2  
MIAMI FL 33135-2018**

3. Date Incorporated or Qualified  
**07/19/1974**

3a. Date of Last Report  
**04/22/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

4. FEI Number  
**59-2776440**

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

10. Name and Address of New Registered Agent

**SILVEIRA, FRANK DIAZ  
2153 CORAL WAY  
SUITE #607  
MIAMI FL 33145**

**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 617.0502 and 617.1508, 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 617.0503, 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	<input checked="" type="checkbox"/> DELETE
NAME	DE LA PEDRAJA, OSVALDO	
STREET ADDRESS	4776 S.W. 8TH STREET	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FIBLA, ALBERTO H	
STREET ADDRESS	1701 WEST FLAGLER ST., #2	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SALADO, ERICK	
STREET ADDRESS	935 W. 49TH STREET, SUITE 203	
CITY-ST-ZIP	HIALEAH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAGO, VICENTE	
1.3 STREET ADDRESS	1100 S.W. 57 Ave.	
1.4 CITY-ST-ZIP	Miami, FL. 33144	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOPEZ, DANILO	
2.3 STREET ADDRESS	1605 Pennsylvania Ave. #501	
2.4 CITY-ST-ZIP	Miami Beach, FL. 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARENCIBIA, FERNANDO	
3.3 STREET ADDRESS	10442 S.W. 21 St.	
3.4 CITY-ST-ZIP	Miami, FL. 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FERNANDO ARENCIBIA, F.D. (TREASURER)**

**4-24-97**

**(305-642-3093)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0028062**

CR2E037 (9/96)