

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # H62324

(9)

1. Corporation Name

FLORIDA SUNRISE MEDICAL CENTER, INC.



Principal Place of Business

Mailing Address

220 MIRACLE MILE
SUITE 405
CORAL GABLES FL 33134-5909
US

2121 PONCE DE LEON BLVD
405
CORAL GABLES FL 33134
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/17/1985

3a. Date of Last Report

05/01/1995

4. FET Number

59-2549513

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

10. Name and Address of New Registered Agent

PAN, CHUNGAN
2121 PONCE DE LEON BLVD.
SUITE 405
CORAL GABLES FL 33134

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 607.07(2) 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 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
PAN, CHUNG AN
2121 PONCE DE LEON BLVD 405
CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PAN, CHUNG AN
2121 PONCE DE LEON BLVD
CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PAN, HUI MIN
2121 PONCE DE LEON BLVD
CORAL GABLES FL

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

Chung An Pan

Chung An Pan

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/96

Date of Filing

CR2E034 (12/95)