

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

K14794

De Cespedes Medical Center, Inc.

FILED

99 NOV -9 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-99

Principal Place of Business

Mailing Address

9700 S. Dixie Highway  
Suite 900  
Miami, FL 33156

Principal Place of Business

2a. Mailing Address

9700 S. Dixie Highway

9700 S. Dixie Highway

Suite 900

Suite 900

City & State

City & State

Miami, FL 33156

Miami, FL

Zip

Country

Zip

Country

33156

USA

33156

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
2/12/88

4. FEI Number

Applied For

65-0058375

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

P.A. Corporate Agents, Inc.

2465 S. Bayshore Drive  
Suite 404

Coconut Grove, FL 33133

81 Name

Timothy G. Schoenwald

82 Street Address (P.O. Box Number is Not Acceptable)

128 S. Calhoun Street

83

84 City

Tallahassee

FL

85 Zip Code

32314

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 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

Timothy G. Schoenwald

10-26-99

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

S/T/P/O

☐ Change

☒ Addition

1.2 NAME

Raul de Cespedes

1.3 STREET ADDRESS

7125 E. Lago Drive

1.4 CITY-ST-ZIP

Coral Gables, FL 33143

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*1050.00 \*\*\*1050.00

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, with all other like empowered.

SIGNATURE:

Raul de Cespedes

10-26-99

Date

305-798-2563

Daytime Phone #

CR2E034 (1/1/98)