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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K20461 (5)

CENTRO MEDICO QUIRURGICO, INC.

FILED Feb 18 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address			r indribiti nen kinir dekir nekir nikar bilar binir binir dinir dinir dinir dinir dinir dinir dinir dinir bibli				
300 SW 107 MIAMI FL 331		GOMEZ.IVAN.PA 601 BRICKELL KEY DR STE 507 MISMI FL 33131			DO NOT WRITE IN THIS SPACE				
		US			3. Date Incorporated or Qualified				
Principal C	Place of Business	Co Mailing Address			04/04/1988				
	Tace of Business	2a. Mailing Address			4. FEI Number Applied For				
Suite, Apt	# etc	Suite, Apt. #, etc.			65-0086310 Not Applicable				
22		27			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stat	o	City & State			6. Election Campaign Financing \$5.00 May Be				
23	Country	28 Zip	Cour	ntru	Trust Fund Contribution Added to Fees				
24	25 29 30		├ ─┐	B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No					
	9. Name and Address of Curre	·	1801 T		10. Name and Address of New Registered Agent				
GC	OMEZ, IVAN A			B1 Name					
	1 BRICKELL KEY DR								
	E 507			82 Street	1 Address (P.O. Box Number is Not Acceptable)				
	AMI FL 33131		83						
******			ļ						
			j	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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Superior Synd or pointed times of registered agent and titled applicable (NOTE: Registered Agent signature (equired when reinstating) DATE									
12.		PO DIRECTORS (NO	13.	Agent signatur	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	DELETE	1.1 I(I	ı F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change L Addition				
NAME	BADA, BEVERLY		1.2 NAI		The common with the common				
STREET ADDRESS	10150 NW 133 STREET			REET ADDRESS	•				
CITY-ST-ZIP	HIALEAH GARDENS FL			Y-ST-ZIP	33018				
TITLE	VD	DELETE	21 TITI		Change Addition				
NAME	BADA, ALVARO		2.2 NAI						
STREET ADDRESS	10150 NW 133 ST.			REE1 ADDRESS					
YEV. ST-ZIP	MIAMI FL		1	TY-ST-ZIP	Hiateah Gardens, FL 33018				
ITLE		DELETE	3 1 1110		☐ Change ☐ Addition				
NAME			3.2 NA)	ME					
STREET ADDRESS			3.3 STR	IEET ADDRESS					
CITY - ST - ZIP			3.4. CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 1071	LE .	Change Addition				
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TITE	LE	☐ Change ☐ Addition				
NAME			5.2 NA	V/E					
STREET ADDRESS			5 3 SIA	REET ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP					
TITLE		[_] DELETE	6 1 7(7)	L E	☐ Change ☐ Addition				
NAME			6.2 NAM	NE					
STREET ADORESS			6.3 STR	EET ADDRESS					
CITY - ST - ZIP				Y-ST-ZIP					
14. I hereby o	certify that the information supplied v	vith this filma does not analdy (for the exer	notion state	ted in Section 119 07(3)(i) Florida Statute				

indicated on this annual report or supplier with this ning does not quality for the exemption stated in Section 113.07(f), Florida Statue indicated on this annual report or supplierional annual report is true and accurate and that my signature shall have the same legal effect officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statu-Block 12 or Block 13 if changed, or on the attachment with an address

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