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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K29354 (3)

1. Corporation Name
UNIVERSAL MULTICARE MEDICAL CENTER, INC.

Principal Place of Business

% MIGUEL A. AMOR OR YUSUF RAJABALEE
2131 S.W. 27TH AVE
MIAMI FL 33145

Mailing Address

PO BOX 144634
CORAL GABLES FL 33114-4634
US

3. Date Incorporated or Qualified
07/25/1988

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

21 33 MALAGA AVE

Suite, Apt. #, etc.

22 City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25 DADE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

4. FEI Number

65-0072575

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

AMOR, MIGUEL A.
2131 S.W. 27TH AVE
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

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

33 MALAGA AVE

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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: X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MIGUEL A. AMOR, MD - PRESIDENT

02-14-97

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE
NAME AMOR, MIGUEL A.
STREET ADDRESS 2131 S.W. 27TH AVE
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
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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 33 MALAGA AVE
1.4 CITY - ST - ZIP CORAL GABLES FL 33134

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIGUEL A. AMOR, M.D. 02/14/97 (305) 8602901

CR2E034 (9/96)