SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DIE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORNORATION IANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K59327

(2)

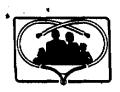
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MOTHER STATE

MEDIC-SERVICES FOUNDATION, I.M.E. CORP.					TALLAHASSEE, FLORIDA	
Principal Place	e of Business	Mailing Address				
1574 WEST 68 STREET 1574 WEST 68 STREET						
HIALEAH FL 33014 HIALEAH FL 33014			-1			
						IN THIS SPACE
					3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pr	race of Rusinose	2a, Mailing Address			01/18/1989 4. FEI Number	01/26/1996 Applied For
2. Principal Pace of Business		26		65-0164975	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.			¢0.75 Additional	
2		27		5. Certificate of Status Desired	Fee Required	
City & State	0	City & State	City & State		6. Election Campaign Financing	\$5.00 May Bo
23		[28]		Trust Fund Contribution	Added to Fees	
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible		
4	25 Name and Address of Curi	29	30		Personal Property Tax due June 10. Name and Address of New Re	
bei	REZ, ARMANDO A.	eur Heliototen Whoth	81	Name	In the state of the state of the state of	Browned tillour
2517 W 70 PLACE				ļ.,		
	LEAH FL 33016		82	Street Add	lress (P.O. Box Number is Not Acceptat	ole)
			83			w.w
•			84	City		<b>85</b> Zip Code
			64	City		FL 85 7ip Code
11. Pursuant t	to the provisions of Sections 697.0	502 and 607.1508, Florida Sta	atutes, the abov	e named cor	poration submits this statement for the p	ourpose of changing its registered
agent La	egistered agent, or both, in the St. m familiar with, and accept the ob-	he of Funda. Such change wa figations of, Section 607.0505,	as aumonzed b , Horida Statute	y the corpora s.	tion's board of directors. Thereby acce	pr the appointment as registered
SIGNATURE						
	Signature typed or provoit name of region of			ent sognature roop i	red when refusided)	DATI
12. Tale	PSD OF TREE HS A	AND DIRECTORS DEFIE	13. 1.1 HHE		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
NAME	PEREZ, ARMANDO A.	1.2 NAME				CT cumbs CT sections
	TREET ADDRESS 14640 HARRIS PL			LADDRESS		
CITY-ST-7IP	HIALEAH FL		1.4 CiTY-			
TITLE	VTD	DITE	2171114	11-20		Change Addition
NAME	PEREZ, MERCEDES		2.2 NAME			-
STREET ADORESS	14640 HARRIS PL		2.3 STREE	ADDRESS		
CITY ST-ZIF	HIALEAH FL		2 4 CHY-	ST-7IP		
THU	· · · · · · · · · · · · · · · · · · ·	DELETE	3 1 10 LE			Change Additio
NAM			3.2 NAME			
STHEET ADDRESS			3 3 STREE	ADDRESS		
CITY-ST-ZIP			3 4. CITY-	S1 - 7/P		
1411.6		DELITE	4 1 THLE		Emil Paul Inn I Imil Imil Imil Inn	Change Addition
NAME			4. 2 NAME		8000022	
STREET ADDRESS				ADDRESS	~UO/ 1∠/ 2 Auduber 1 C	/970109 <b>7-</b> -004  5.00=****165.00=
CITY - ST - ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.4 CiTy - 5	S1 - ZIP		
TITLE		☐ DELETE	5.1 TITLE	[		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				I AUDRESS		
City-St-ZiP		Total et	54 CHY - 5	SI-7IP		Addition Addition
TITLE		□ DELETE	6111111	}		Addition L. Addition
NAME			6.2 NAME	LODDICS		( *** /
STREET ADDRESS			6.3 \$1RLE			( <i>Y0</i> /
CITY - S1 - ZIP			6 4 CITY- 5	31 - ZIP		~ ~

14. I do hereby certily that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutos. I further certify that the information indicated on this annual report or supplementation and 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 receivity or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or leack 13 if shallged, or on an advantaged with an indicates.



## Medic Services Foundation IME, Corp. DBA: CENTRO MEDICO COMUNITARIO Community Medical Center

002

HEADQUARTER 1574 W. 68 Street Hialeah, Florida 33014 (305) 557-3889 / (305) 557-9350

August 6, 1997

To: Division of Corporations, Annual Report Section P.O. Box 6327 Tallahassee, Florida 32314

To whom it may concern:

This is my second notice to you in reference to my application and the enclosed amount. On July 20, 1997 I received the enclosed application stating "second notice, total amount due \$550.00." I called that day and spoke to Jody and he told me that the applications stating that information were sent by error and that they were in the process of sending memos to those who received it. He also told me to send the original amount of \$165.00 with a letter of explanation attached to it.

I received the application and the check back today with the enclosed letters. I called and spoke to Andy and he told me to send everything back again with this letter attached to it explaining that it is *impossible* to have sent this application by May 1997 if I had received it on *July*, 1997. I have never received a first notice.

Please accept the enclosed original amount which is the logical one.

Thank you,

Armando A. Perez