

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # K59327 (2)
1. Corporation Name
MEDIC-SERVICES FOUNDATION, I.M.E. CORP.

Principal Place of Business
1574 WEST 68 STREET
HIALEAH FL 33014

Mailing Address
1574 WEST 68 STREET
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

01/18/1989

3a. Date of Last Report

01/26/1996

4. FEI Number

65-0164975

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PEREZ, ARMANDO A.
2517 W 70 PLACE
HIALEAH FL 33018

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 607.0502 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent as filed if applicable

(NOTE: Registered Agent Signature Required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	PEREZ, ARMANDO A.	
STREET ADDRESS	14840 HARRIS PL	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PEREZ, MERCEDES	
STREET ADDRESS	14840 HARRIS PL	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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****165.00 ****165.00

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 if changed, or on an attachment with an address.

CR2E034 (4/97)



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

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

PRESIDENT