

Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DOCUMENT #

Principal Place of Business

1. Corporation Name

FLORIDA MEDICAL FACILITIES, INC.

DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90052 038 ***150.00

5 554721 - 90052 - 38

Suite, Apt. #, etc.	plicable
SAN DTEGO, CA 92122-1233 US 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 SAN DTEGO, CA 92122-1233 US 3. Date Incorporated or Qualifed 04/10/1989 4. FEI Number 59 2751488 Not A Suite, Apt. #, etc. 22 5. Certificate of Status Desired Fee Requi	plicable
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City & State City & State 6. Election Campaign Financing \$5.00 Ma	/ Be
23 Trust Fund Contribution Added to F	es
Zip Country Zip Country 8. This corporation owes the current year Intangible	ļ
24 25 29 30 Personal Property Tax.	10
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
CORPORATION INFORMATION SERVICES INC.	
92) Street Address (B.O. Boy Mumbas in Net Assessable)	
1201 HAIS 51.	
TALLAHASSEE, FL 32301	
84 City 85 Zip Cod	
FL 85 Zip Cod	<i>'</i>
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the number of changing its red	stered
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 registragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	red
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SIGNATURE Signature. Nyeed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revistating) OATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 12
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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:

HOLLI SALAZAR, SECRETARY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(619) 546-1001

Dayome Phone #

CR2E034 (11/98)