FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K80480** **(2)**

1. Corporation Name

ALAMEDA MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5315 HIALEAH FL 33014-8315	2100 W. 68TH ST. HIALEAH FL 33016

2. Principal Place of Business
21 2100 W 68 ST.
22 Suite, Apt. #, etc.
Hialeah, FL
23 City & State
24 33016 Zip
25 Country DADE

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 04/14/1989

3a. Date of Last Report: 06/26/1995

4. FEI Number: 65-0113297 ☐ 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

LARAIMD, MIRIAM M.
14545 ENGLISH RD.
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE
Signature by person of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LARA, MIRIAM M.D.		1.2 NAME	
STREET ADDRESS	14545 ENGLISH RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LARA, BRIAN R.		2.2 NAME	
STREET ADDRESS	14545 ENGLISH RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LARA, ERIK		3.2 NAME	
STREET ADDRESS	14545 ENGLISH ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LARA, MARLON		4.2 NAME	
STREET ADDRESS	14545 ENGLISH ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Miriam Lara MD 3/5/96 (305) 362-3969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #