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FILED

Jan 14 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 # K80480

(2)

1. Corporation Name

ALAMEDA MEDICAL CENTER, INC.

Principal Place of Business

2100 W. 68TH STREET  
HALEAH FL 33016  
US

Mailing Address

2100 W. 68TH ST.  
HALEAH FL 33016-1804

3. Date Incorporated or Qualified

04/14/1989

3a. Date of Last Report

03/12/1996

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

LARAMD, 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

Signature of Agent (Typed name of registered agent and fee not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/97 362-3969

CR2E034 (9/96)