

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11176 (9)

1. Corporation Name

LATIN AMERICAN MEDICAL CENTER CORP.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/21/1989	3a. Date of Last Report 08/11/1994
4. FEI Number 65-0139062	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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
1. CECILIA LAUREANO 6300 S DIXIE HWY W PALM BEACH FL 33405		LATIN AMERICAN MEDICAL CENTER P.O. BOX 20255 WEST PALM BEACH FL 33416 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
Country	Country	30	

9. Name and Address of Current Registered Agent

LAUREANO, CECILIA
6300 S DIXIE HWY
W PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	1.1 TITLE	☒ Change ☐ Addition
NAME	COLON, ANGEL L	1.2 NAME	
STREET ADDRESS	6300 S DIXIE HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	COLON, DENNIS LOUIS	2.2 NAME	
STREET ADDRESS	12700 WHITE CORAL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	LAUREANO, CECILIA	3.2 NAME	
STREET ADDRESS	12700 WHITE CORAL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 in an attachment with an address.

SIGNATURE:

Cecilia Laureano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 407. 586-7658

Date

Daytime Phone #