FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION CF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90211 025 ***300.00

DOCUMENT # L75142						
1. Corporation	MEDICAL CENTER, INC.					
) III VOILE I	MEDICINE OLIVICINI MO					1 10000
Principal Place	e of Rusiness	Mailing Address				
1401 E 4TH AVE						
SUITE 104		SUITE 104				
HIALEAH FL 33010		HIALEAH FL 33010 US				DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed 05/2/3/1990
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Ac plied For
21		26				NOT APPLICABLE Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23 28			Zip Country			Trust Fund Contribution Added to Fees
Zip				ntry		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	9. Name and Address of Currer	t Registered Agent	30			Personal Property Tax. Layes Layes 10. Name and Address of New Registered Agent
	5. Maine and Address of Curren	t Negistered Agent		81	Name	10, Halls, and Address of How Rogiocoled Figure
GUIF	rantes. Tulio					
	E 4TH AVE			82	Street Add	ddress (P.O. Bcx Number is Not Acceptable)
	E 102			83	-	
HIAL	EAH FL 33010			84	City	85 Zip Code
				l	,	FL
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	ites, the a	bove	e-named cor	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the obligation	ions of, Section 607.0505, F	orida Stati	utes.	ine corporar	auon's board of directors. Thereby accept the appointment as registered
SIGNATURE						
12.	Signature, typed or printed n ime of registered eger OFFICERS AN		E: Registered	Agen	t signature recui	Ulfed when reinstating DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO ₹S IN 12
TITLE	DPTS	DELETE	1.1 10	TLE		Change Addition
NAME	QUIRANTES, TULIO		- 5	1.2 NAME		_ , _
STREET ADDRESS	1401 E 4TH AVE, SUITE 102			1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CF	1.4 CITY-ST-ZIP		į
TITLE		☐ DELETE	2.1 TF	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NA	WE		
STREET ADDRESS			2381	REET	ADDRESS	1
CITY-ST-ZIP		· <u></u>	2.4 C	ITY-S	T-ZIP	
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NAME			3.2 N/			ì
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE	3 4. CI		T-ZIP	☐ Change ☐ Addition
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NAME			4.2 N		ADDRESS	
STREET ADDRESS			1		ĺ	
CITY-ST-ZIP TITLE	<u></u>	☐ DELETE	4.4 CF 5.1 TR		- 211	Change Addition
NAME			5.2 NA			
STREET ADDRESS			5.3 ST	REET	ADDRESS	}
CITY-ST-ZIP			5.4 CI	TY- ST	r-ZIP	
TITLE		OELETE	6.1 TIT	ILE		☐ Change ☐ Addition
NAME			6.2 NA	ME		}
STREET ADDRESS			6.3 ST	REET	ADDRESS	

CITY-ST-ZIP

14. 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 attach pert with an address, with a lother like empowered.

SIGNATURE:

SIGNATURE AND TYPED ORT ANTRO NAME OF SIGNING OFFICER OR DIRECTOR

04/20/99

Daytime Phone #

R2E034 (11/98)