

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

CORPORATION
ANNUAL REPORT
1995



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

PROVED
AND
FILED

05 MAY -1 AM 8:55

DOCUMENT # L85026

(7)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

HEALTH CAREUNO MEDICAL CENTER INC.

Principal Place of Business

**5755 W FLAGLER ST
SUITE 207
MIAMI FL 33144-3448**

Mailing Address

**5755 W FLAGLER ST
SUITE 207
MIAMI FL 33144-3448**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0205882

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**

7. This corporation has liability for intangible tax under § 190.001,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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9. Name and Address of Current Registered Agent

**TRUEBA, PILAR F. M.D.
6415 S W 129 PLACE, APT 2407
MIAMI FL 33181**

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 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Registered Agent in Charge)

(Signature of New Registered Agent or Registered Agent in Charge)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. TITLE	V
2. NAME	FORCE, RENEE
3. STREET ADDRESS	6415 S W 129 PLACE #2407
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	P
6. NAME	TRUEBA, PILAR F.
7. STREET ADDRESS	6415 S W 129 PLACE #2407
8. CITY, ST, ZIP	MIAMI FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 this 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: *Pilar F. Trueba* **Pilar F. Trueba**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/95 (305) 262-3222
Date Signature