

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 OF CORPORATIONS

DOCUMENT # L99186

1. Corporation Name

REINA MEDICAL CENTER, INC.

Principal Place of Business

470 NW 22ND AVE  
MIAMI FL 33125

Mailing Address

470 NW 22ND AVE  
MIAMI FL 33125

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90047 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1990

4. FEI Number

65-0221444

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

MELENDEZ, MARIA  
470 NW 22ND AVE  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name HUMBERTO NOVALES

82 Street Address (P.O. Box Number is Not Acceptable)  
470 N.W. 22 AVENUE

83

84 City MIAMI FL 85 Zip Code 33125

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-11-99

12. OFFICERS AND DIRECTORS

TITLE P  
NAME NOVALES, FRANCISCO  
STREET ADDRESS 470 N.W. 22ND AVE.  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE V  
NAME MENDEZ, MARIA  
STREET ADDRESS 470 N.W. 22 AVE.  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME HUMBERTO NOVALES  
1.3 STREET ADDRESS 470 N.W. 22 AVE.  
1.4 CITY-ST-ZIP MIAMI, FL 33125 ☐ Change ☒ Addition

2.1 TITLE V  
2.2 NAME HUMBERTO NOVALES  
2.3 STREET ADDRESS 470 N.W. 22 AVE.  
2.4 CITY-ST-ZIP MIAMI, FL 33125 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)