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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M45602

1. Corporation Name

(3)

TRANSFLORIDA MEDICAL CENTER, INC.



Principal Place c	of Business	Maling Address			T I I I I I I I I I I I I I I I I I I I	
P O BOX 171126 P O BOX 171126- HIALEAH FL 33017 HIALEAH FL 33017						
HIALEAH FL	L 33017	-HIALEAH FL 33717				
					3. Date Incorporated or Qualified 01/28/1987	3a. Date of Last Report 03/28/1995
2. Principal Place of Business		2a. Maing Address 26 270 South Hobisus Dr		4. FEI Number	Applied For	
				59-2769442 Not Applical		
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	·······		6. Election Campaign Financing	55.00 May Be
2.1, 2. 2		28 MIAMI	beach, f	- K	Trust Fund Contribution	Added to Fees
Zφ	Country	Žφ	Country	a de	8. This corporation has liability for in	
	25	29 33 39	30 0	a ac	Florida Statutes X Yes 10. Name and Address of New Re	No
	9. Name and Address of Curren	registered Agent	81	Name	10. Name and Address of New A	aRigiding Wholit
TADAC	MOO MANDE					
	ido manuel) University d r		82	Street Addre	ss (P.O. Box Number is Not Acceptabl South Hoscus	e) O
SUITE			83	9 10	20012 101013413	1 P Y
	FL 333 28					
DATIL	11.00020		84	City M.	smi Beach	FL 85 Zo Code 3 3 3 3 3 9
1 Pursuant to	the provisions of Sections 607 0502	and 607 1508. Florida Statute	es the above n		tion submits this statement for the purp	· - //////////////////////////////////
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TY - ST - ZIP	DAVIE FL		1.4 CITY - ST	1 - 21P	Mismi Beach, F	A 33139
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AME	FUNDORA, WILFREDO		2.2 NAME			
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certify that the information factor in historical 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 arri an officer or precising 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 / happed, or on an accuracy ment with an actions.

SIGNATURE:

THE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4/22/96 305 3588007