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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris'

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M60654 1. Corporation Name

FLAMINGO PARK MEDICAL CENTER CORPORATION

Principal Place	e of Business	Maining	Address						
4410 W 16 AVE	#26		16 AVE #26				٠.		
HIALEAH FL 330	012	HIALEA	H FL 33012				NOT WORTE IN TH	IC CDACE	
						1	NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated of	r Qualited		į.
						10/13/1987			
2. Principal Pl	lace of Business	2a. Mai	iling Address			4. FEI Number		 - - '`	olied For
21		26	,			65-0008828		Not	Applicable
Suite, Apt.:	#. etc.	Suit	te, Apt. #, etc.			5. Certificate of Status	Desired	**************************************	
22	. ,	27				5. Certificate of Status	Desired	Fee Rec	quired
City & State			y & State			6. Election Campaign	Financing	\$5.00	May Be
23	-	28	-			Trust Fund Contribu		Added to	o Fees
Zip	Country	Zip		Count	ry	8. This corporation ow	es the current year	Intangible	
— , `	25	29		30	•	Personal Property 1			□No
24		s of Current Registere	d Agent	1001		10. Name and Addres	s of New Registere	d Agent	
	9. Name and Address	8 Of Culterit Registers	a Agent		1 Name				
GUT	TERREZ, RAFAEL							·	
	W 16 AVE #26		JEMES 1		2 Street	t Address (P.O. Box Number is N			
	EAH FL 33012			};	3		14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	4, 214 51 51 51 4	747 7 3 3 3 4 4 5 1 4 5
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			3 1- CA				F		
7 600 3 47 35P						d corporation submits this statem	ent for the purpose	of changing its	registered
	to the provisions of Section	ons 607.0502 and 607.1	508, Florida Stati	utes, the ab	ve-named	tion's board of directors. I he	roby accept the ann	naintment as rec	nistered I
11. Pursuant office or r	to the provisions of Section	ons 607.0502 and 607.1 in the State of Florida. S of the obligations of Sec	508, Florida State Such change was ction 607.0505, Fl	utes, the abo authorized l lorida Statut	ve-named by the corp es.	poration's board of directors. I he	ereby accept the app	oointment as reg	gistered
agent. I a	to the provisions of Section registered agent, or both, in familiar with, and accept	ons 607.0502 and 607.1 in the State of Florida. S ot the obligations of, Sec	508, Florida Stati Such change was ction 607.0505, Fl	utes, the abo authorized l lorida Statut	ve-named by the corp es.	poration's board of directors. I he	ereby accept the app	oointment as reg	gistered
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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. CITY-ST-ZIF

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

□ DELETE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90042 013 ***150.00