FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005449 (3)**

1. Corporation Name
KIRKPATRICK MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
~~1300 PONCE DE LEON BLVD~~ ~~CORAL GABLES FL 33134~~ ~~US~~	~~782 N.W. 42ND AVENUE~~ ~~1200 PONCE DE LEON BLVD~~ ~~CORAL GABLES FL 33134~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0367579	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21: 2766 S.W. 37th Ave.	26: 2766 S.W. 37th Ave
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State: MIAMI, FL	28: City & State: MIAMI FLORIDA
24: Zip: 33133 — 25: Country: DADE	29: Zip: 33133 — 30: Country: DADE

9. Name and Address of Current Registered Agent

BRACERAS, WILFRED
1645 S.W. 86TH AVENUE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: BRACERAS WILFRED
82 Street Address (P.O. Box Number is Not Acceptable): 600 W. 20th St.
83
84 City: Hialeah — FL — 85 Zip Code: 33010

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: X [signature] — 04/11/95 (DATE)
(By Officer, Director or Other Name of Registered Agent and Title, if Applicable) (NOTE: Registered Agent signature required where mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	D/P/S/T ☒ Change ☐ Addition
NAME	BRACERAS, WILFRED L JR	12 NAME	BRACERAS, WILFRED
STREET ADDRESS	1200 PONCE DE LEON BLVD	13 STREET ADDRESS	600 W. 20th St.
CITY ST ZIP	CORAL GABLES FL 33130	14 CITY ST ZIP	Hialeah, FL 33010
TITLE	~~DST~~	21 TITLE	☐ Change ☐ Addition
NAME	~~BEATRIZ, BEL~~	22 NAME	
STREET ADDRESS	~~1200 PONCE DE LEON BLVD~~	23 STREET ADDRESS	
CITY ST ZIP	~~CORAL GABLES FL 00155~~	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

AF 6/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X [signature] — 04/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0136813 CP