

PROFIT  
CORPORATION  
ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 MAY 24 AM 9:38

DOCUMENT # P92000009652

1. Corporation Name

POPULAR MEDICAL CENTER, INC.

Principal Place of Business

5972 W. 16 AVE.  
HIALEAH FL 33012  
US

Mailing Address

5972 W. 16 AVE.  
HIALEAH FL 33012  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

25

29

30

4. FEI Number

65-0371113

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees9. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARQUEZ, JULIAN DR.  
7946 N.W. 162ND STREET  
16563 NW 83 PLACE  
MIAMI FL 33016

10. Name and Address of New Registered Agent

81 Name

JULIAN MARQUEZ, MD

82 Street Address (P.O. Box Number is Not Acceptable)

16563 NW 83 PL

83

84 City

MIAMI

FL

85 Zip Code

33016

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/11/00

04-13-99

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

MARQUEZ, JULIAN

STREET ADDRESS

16563 NW 83 PL

CITY-ST-ZIP

MIAMI FL 33016

TITLE

D

☐ DELETE

NAME

MARQUEZ, ELSY F

STREET ADDRESS

16563 NW 83 PL

CITY-ST-ZIP

MIAMI FL 33016

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

600003343466--7

1.3 STREET ADDRESS

-08/02/00--01011--007

1.4 CITY-ST-ZIP

\*\*\*\*150.00 \*\*\*\*150.00

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AD

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/00

04-13-99

305-327-99

Date

Daytime Phone #