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Apr 29 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000001538 (6)

1. Corporation Name
P AND V MEDICAL CENTER, INC.



Principal Place of Business

**3974 S.W. 8TH STREET
SUITE 204
MIAMI FL 33134**

Mailing Address

**3974 S.W. 8TH STREET
SUITE 204
MIAMI FL 33134-2850**

3. Date Incorporated or Qualified
01/04/1993

3a. Date of Last Report
04/30/1996

2. Principal Place of Business
21 **3940 W. Flagler Street**

2a. Mailing Address
26 **3940 W. Flagler Street**

4. FEI Number
65-0380721

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **Suite B**

Suite, Apt. #, etc.

27 **Suite B**

City & State

23 **Miami, FL**

City & State

28 **Miami, FL**

Zip

24 **33134**

Country

Zip

29 **33134**

Country

30

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

9. Name and Address of Current Registered Agent

**VALCARCEL, GISELA
3974 S.W. 8TH STREET
SUITE 204
MIAMI FL 33134**
**3940 W. Flagler Street
Suite B**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE
NAME **VALCARCEL, GISELA**
STREET ADDRESS **3974 S.W. 8TH STREET, SUITE 204**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☐ DELETE
NAME **VALCARCEL, GISELA**
STREET ADDRESS **3974 S.W. 8TH STREET, SUITE 204**
CITY-ST-ZIP **MIAMI FL**

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 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3940 W. Flagler Street, Suite B**
1.4 CITY-ST-ZIP **Miami, FL 33134**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3940 W. Flagler Street, Suite B**
2.4 CITY-ST-ZIP **Miami, FL 33134**

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

14. I do 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.

SIGNATURE: **X** **GISELA VALCARCEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

305-444-1223

CR2E034 (9/96)