

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



FILED
SECRETARY OF STATE
CORPORATIONS

95 MAY -1 PM 1:43

DOCUMENT # P93000004529 (2)

HOPE MEDICAL CENTER, INC.

~~XXXXXXXXXXXXXXXXXX~~
SUITE B
~~XXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXX~~

2	2a	3	3a
21	8556 S.W. 8th St	01/20/1993	05/31/1994
22		4	65-0402169
23	Miami, Fl	5	\$8.75 Additional Fee Required
24	33144	6	\$5.00 May Be Added to Fees
25		7	
26	8556 S.W. 8th St	8	
27		9	
28	Miami, Fl	10	
29	33144		
30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, LUIS M
13762 S.W. 49TH STREET
MIAMI FL 33175

B1	Name
B2	Street Address, P.O. Box Number or Post Office
B3	
B4	City
B5	State

FL

11. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

12. **D**
FERNANDEZ, LUIS M
2531 N.W. 72ND AVENUE, SUITE B
MIAMI FL 33122

13. **RESUBMITTED BY MAY 1**

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT OR PRINTED NAME OF SECRETARY OF STATE OR DIRECTOR