**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 APR 12 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006606

1. Corporation Name

**M.T.MEDICAL CENTER INC.**

200001454832
-04/12/95--01091--014
****200.00 ****200.00

| Principal Place of Business | Mailing Address |
|---|---|
| 625 E 49th Street<br>Hialeah, Fl. 33013 | 625 E 49th Street<br>Hialeah, Fl. 33013 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/27/93
3a. Date of Last Report:

2. Principal Place of Business
21 625 E 49th Street
Suite, Apt. #, etc. 22
City & State 23 Hialeah, Florida
Zip 24 33013 County 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 County 30

4. FEI Number: 65-0383379 ☐ 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

9. Name and Address of Current Registered Agent

AMELIA FARINAS
842 W 73 Place
Hialeah, Fl. 33014

10. Name and Address of New Registered Agent

81 Name: RAUL BATISTA
82 Street Address (P.O. Box Number is Not Acceptable): 625 E 49 ST
83
84 City: Hialeah FL 85 Zip Code: 33013

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 Raul Batista Raul Batista - President 1-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~P/D~~ | 11 TITLE | P/T | ☒ Change ☐ Addition |
| NAME | RAUL BATISTA | 12 NAME | RAUL BATISTA | |
| STREET ADDRESS | ~~842 W 73 Place~~ | 13 STREET ADDRESS | 625 E 49 ST | |
| CITY ST ZIP | Hialeah, Fl. ~~33014~~ | 14 CITY ST ZIP | Hialeah, Fl. 33013 | |
| TITLE | ~~V~~ | 21 TITLE | VP/S | ☒ Change ☐ Addition |
| NAME | ~~AMELIA FARINAS~~ | 22 NAME | CARLOS MIRANDA | |
| STREET ADDRESS | ~~842 W 73 Place~~ | 23 STREET ADDRESS | 3801 E 9 CT | |
| CITY ST ZIP | ~~Hialeah, Fl. 33014~~ | 24 CITY ST ZIP | Hialeah, Fl. 33013 | |
| 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 | | |

4/12

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 Raul Batista Raul Batista-President 4-1-95 (305) 769-6916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #