

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024033

1. Corporation Name

TAMiami TRAIL MEDICAL CENTER INC.

Principal Place of Business

68 WEST 7TH ST
HIALEAH FL 33010
US

Mailing Address

68 WEST 7TH ST
HIALEAH FL 33010
US

2. Principal Place of Business

21 2020 SW 1ST

Suite, Apt. #, etc.
22 #201

City & State

23 Miami - FL

Zip Country
24 33135 25

2a. Mailing Address

26 2020 SW 1st Street

Suite, Apt. #, etc.

27 #201

City & State

28 MIAMI FL

Zip Country
29 33135 30

9. Name and Address of Current Registered Agent

FIGUEREDO, ARMANDO
68 W. 7 ST.
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1993

4. FEI Number

65-0448820

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 owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

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

83 Suite 201

84 City

MIAMI

FL

85 Zip Code
33135

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.

Armando Figueroa President

1-6-99

DATE

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICERS AND DIRECTORS

DELETE

PD
FIGUEREDO, ARMANDO
68 WEST 7 ST.
HIALEAH FL 33010

DELETE

VSD
FIGUEREDO-VALLES, RUBEN
17608 SW 81 CT.
MIAMI FL 33157

DELETE

DELETE

DELETE

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1-6-99

(305) 631-1171

CR2E034 (11/98)