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

TAMIAMI TRAIL MEDICAL CENTER INC.

Principal Place of Business	Mailing Address	
68 WEST 7TH ST HIALEAH FL 33010 US	88 WEST 7TH ST HIALEAH FL 33010 US	

FILED Feb 22, 1999 8:00 am **Secretary of State**

02-22-1999 90105 032 ***150.00

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	Business	Mailing Address						
Principal Place of	Business	88 WEST 7TH ST						
68 WEST 7TH ST		HIALEAH FL 33010			- DO NOT	WRITE IN THIS	SPACE	
HIALEAH FL 33010 US	LEAH PL 33010				3. Date Incorporated or Qualified			
US					03/31/1993		, <u></u>	
					4. FEI Number		Applie	d For
2. Principal Plac	e of Business	2a. Mailing Address	14 =	Strot	65-0448820			pplicable
2020	e of Business SW 1≥T	26 2020 SW	<u> </u>	14-1			\$8.75 Add	
Suite, Apt. #,		Suite, Apt. #, etc.			5. Certificate of Status Desir	ed 🗆	Fee Requ	
/	o/	27 7 50/			6. Election Campaign Finan	cing [7	\$5.00 M	
City & State	-1	City & State	-/-		Trust Fund Contribution	·	Added to I	ees
23 M/m/	- FI	28 MIANI	Country		8. This corporation owes the	e current year In	tangible	<u> </u>
Zip	Country	1 ²¹⁹ - / —	Country	r	Personal Property Tax.		⊔_Yes	No
24 33/3	5 25	29 33/35 30	$ \top$		10. Name and Address of	New Registered	Agent	
	9. Name and Address of Curren	t Registered Agent	81	Name /	1 6000	1/2		
				LA	MAIdo FIQUE	ccentable)		
FIGUE	REDO, ARMANDO		82	Street Add	tress (R.O. Box Number is Not A	15/2	<u>er/</u>	
68 W.			83) 20 .	2 . F. 2-1			
HIALE	AH FL 33010		(·	DU) H 201		85 Zip Co	ode
			84	4 City	1/2-2:	FI	33/	35 !
	o the provisions of Sections 607.050			///·	poration submits this statement	for the purpose of	of changing its re	egistered (
44 Pursuant to	o the provisions of Sections 607.050 gistered agent, or both in the State of familiar weet and accept the obliga	12 and 607.1508, Florida Statutes,	the abo orized b	y the corporat	tion's board of directors. I hereby	accept the appo	ointment as regi	Stereu
office or re	gistered agent, or both in the State	ations of, Section 697.0505, Florida	Statute	ns. /	0-11	1-6-	9 9	•
	1 Jamiliai wa asa	Grange do	790	OPMAN	· · · · · · · · · · · · · · · · · · ·	DAIL		
SIGNATURE :	ingrature, typed of printed name of registered age	and the way was		ent signature requi	ired when reinstating) ADDITIONS/CHANGES	TO OFFICERS A	AND DIRECTOR	IS IN 12
12.	OFFICERSAL	ND DIRECTORS	13.	T	Apprilongue		☐ Change	Addition
TITLE	PD	☐ DELETE						
NAME	FIGUEREDO, ARMANDO		1.2 NAM	1				
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1	HIALEAH FL 33010			-ST-ZIP			☐ Change	Additio
CITY-ST-ZIP	VSD	☐ DELETE	2.1 TITL	Ļ	and the second second	مبور	-	
NAME	FIGUEREDO-VALLES, RUBEN		2.2 NAM	4				
STREET ADDRESS	17608 SW 81 CT.		2.3 STR	EET ADORESS				
1	MIAMI FL 33157		_	Y-ST-ZIP			Change	Additio
CITY-ST-ZIP	MID WATE COLOR	☐ DELETE	3.1 TITL	E				
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NAME			3.3 STF	REET ADDRESS	,			
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NAME			4.3 ST	REET ADDRESS				
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NAME			5.3 ST	REET ADDRESS				
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CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TI	TLE				٠
TITLE	1	-	6.2 N	AME				
NAME			6.3 S	TREET ADDRESS				
STREET ADDRES	s		6.4 C	ITY-ST-ZIP			- 416, 4h - 4 H -	information
CITY-ST-ZIP			450.000	motion stated	in Section 119.07(3)(i), Florida	Statutes. I furthe	r certify that the	miomianoi Haman

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not quality 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 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 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 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 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 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 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 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 indicated on this annual report of the corporation or the receiver of the corporation or the receiver

SIGNATURE: