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Jan 22 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 # **P93000029407 (2)**

1. Corporation Name
~~MEDICARE CENTER, INC.~~
~~MEDICARE~~ MEDICAL CENTER OF GREATER MIAMI, INC. 12-26 JR

Principal Place of Business	Mailing Address
1981 SW 8 ST MIAMI FL 33135	1981 SW 8 ST MIAMI FL 33135-3315

3. Date Incorporated or Qualified: 04/22/1993
3a. Date of Last Report: 09/13/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

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

4. FEI Number: 65-0403466 ☐ 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

VALLEJO, FERNANDO J
3021 SOUTH MIAMI AVE
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: Fernando Vallejo
82 Street Address (P.O. Box Number is Not Acceptable): 750 Curtiswood Dr.
83: Key Biscayne
84 City: FL 85 Zip Code: 33149

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, EDDY		1.2 NAME		
STREET ADDRESS	770 CLAUGHTON ISLAND DIRVE PH 29		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	VALLEJO, FERNANDO J		2.2 NAME	FERNANDO VALLEJO	
STREET ADDRESS	3021 SOUTH MIAMI AVE		2.3 STREET ADDRESS	750 CURTISWOOD DR.	
CITY-ST-ZIP	MIAMI FL 33129		2.4 CITY-ST-ZIP	KEY BISCAYNE, FLA. 33149	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	800002065888	
STREET ADDRESS			5.3 STREET ADDRESS	-01/23/97--01044--008	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***165.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

1-22 JR

SIGNATURE: _____ 1/17/97 (305) 341-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0166051