SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

FILED
96 AUG 27 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000049827 (7)**

1. Corporation Name
JACARANDA MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
1909 N PINE ISLAND RD PLANTATION FL 33322	~~1909 N PINE ISLAND RD~~ ~~PLANTATION FL 33322~~ P.O. BOX 171126 HIALEAH, FL. 33017-1126

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	07/16/1993	05/01/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	☒ Applied For ☐ Not Applicable
23 City & State	28 City & State	65-0426432	
24 Zip / 25 Country	29 Zip / 30 Country	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

ADAMS, ROY F SR.
9000 SHERIDAN ST
SUITE 170
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name: WILFREDO FUNDORA
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4801 S. UNIVERSITY DR. SUITE 1-S
84 City: DAVIE FL 85 Zip Code: 33328

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: Wilfredo Fundora — WILFREDO FUNDORA SECRETARY/TREASURER — 8/23/96
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SOSA, JEANETTE 9241 WEST SUNRISE BLVD PLANTATION FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUNA, JORGE D 4144 BATON ROUGE WAY HOLLYWOOD FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTP FUNDORA, WILFREDO 1909 N. PINE ISLAND RD. PLANTATION FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	9/11	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	800001940648 -09/06/96--01014--001 ****375.00 ****375.00	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wilfredo Fundora — WILFREDO FUNDORA — 8/23/96 — (305) 358-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #