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

FILED

DOCUMENT # **P93000062655 (4)**

1. Corporation Name

FLORIDA INTERNATIONAL MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 452436 CORAL GABLES FL 33135	P.O. BOX 452436 CORAL GABLES FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/01/1993	04/28/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 P.O. Box 1957	65-0433057	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Miami, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 33135	Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ABEA, FELIX E 230 MENDOZA AVE., #9 CORAL GABLES FL 33135	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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: F E Abea PResident Felix Abea 05/03/95
(Signature of new registered agent, if changed) (Name of Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	11 TITLE	PVS F	☑ Change ☐ Addition
NAME	ABEA, FELIX	12 NAME	ABEA, Felix	
STREET ADDRESS	230 MENDOZA AVE., #9	13 STREET ADDRESS	P.O. Box 1957 N/A	
CITY ST ZIP	CORAL GABLES FL 33135	14 CITY ST ZIP	Miami, FL 33135	
TITLE		21 TITLE	PVS t	☑ Change ☐ Addition
NAME		22 NAME	ABEA Felix	
STREET ADDRESS		23 STREET ADDRESS	4547 S.W 17 St	
CITY ST ZIP		24 CITY ST ZIP	Miami, FL 33134	
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		

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: F E Abea 05/18/95 (305) 642-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431947 FP