

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY - 1 AM 11:40

DOCUMENT # **P93000063983 (9)**

1. Corporation Name

**CALIXTO GARCIA MEDICAL CENTER, INC.**

Principal Place of Business

Mailing Address

2035 W FLAGLER ST  
MIAMI FL 33125

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MIAMI FL 33125

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/08/1993** 3a. Date of Last Report **04/20/1994**

4. FEI Number **65-0435946** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VEGA, JOSE M**  
121 SE 1ST ST  
#711  
MIAMI FL 33131

B1 Name **ANA DALMAU ARES**

B2 Street Address (P.O. Box Number is Not Acceptable)  
**4080-S.W. 84 AVE.**

B3 **Suite C**

B4 City **MIAMI**

FL

B5 Zip Code **33155**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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]*  
Signature, typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent signature required when reinstating!

DATE

**5/15/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **LARRAMENDI, ANGEL O**  
STREET ADDRESS **C/O 2035 W. FLAGLER ST.**  
CITY - ST - ZIP **MIAMI FL 33125**

1 1 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2 1 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3 1 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4 1 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5 1 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6 1 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**REMITTED BY MAY 1**

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if chairman, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED AGENT #

**5/15/95**