

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # **P93000063983**
1. Corporation Name: **GARCIA CALIXTO MEDICAL MEDICAL CENTER, INC.**

Principal Place of Business: **18441 NW 2ND AVE. SUITE #222 MIAMI, FL. 33169**
Mailing Address: **SAME**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified	3a. Date of Last Report
09/08/1993	
4. FEI Number	Applied For
65-0435946	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Delete old name

81	Name	OLA OLAIGBE
82	Street Address (P.O. Box Number is Not Acceptable)	18441 NW 2ND AVE. #220
83	City	MIAMI
84	State	FL
85	Zip Code	33169

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.
OLA OLAIGBE - REGISTERED AGENT **3/18/96**

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Ruthie Mae Lewis
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Albert Lazo
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President ALBERT CHANG
1.3 STREET ADDRESS	5022 NW 189 TENACU MIAMI, FL. 33055
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Treasurer ALBERT CHANG
2.3 STREET ADDRESS	5022 NW 189 TENACU MIAMI, FL. 33055
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001773449
6.3 STREET ADDRESS	-04/09/96--01051--019
6.4 CITY - ST - ZIP	***208.75

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed or on an attachment with an address.
SIGNATURE: ALBERT CHANG PRESIDENT **3/18/96** **(305) 7654-7657** **844-8002**

CR2E034 (12/95)