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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:09

DOCUMENT # **P93000075406 (7)**

1. Corporation Name
TAMARAC HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
~~6601 SW 48TH ST~~	~~6601 SW 48TH ST~~
~~MIAMI FL 33155~~	~~MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1993	05/31/1994

2. Principal Place of Business	2a. Mailing Address
21 8155 PINE ISLAND ROAD	26 P.O.Box 14-0777
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMARAC, FLORIDA	City & State 28 Coral Gables, Florida
Zip 24 33321 / Country 25 BROWARD	Zip 29 33114-0777 / Country 30 Dade

4. FEI Number: APPLIED FOR 65-0496009 ☐ 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	10. Name and Address of New Registered Agent
CARRERAS, RAUL JR 999 PONCE DE LEON BLVD STE 720 CORAL GABLES FL 33134	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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	P	11 TITLE	☐ Change ☐ Addition
02 NAME	GONZALEZ, CECILIO F	12 NAME	
03 STREET ADDRESS	6601 S W 48TH STREET	13 STREET ADDRESS	
04 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
05 TITLE		21 TITLE	Vice-President ☐ Change ☒ Addition
06 NAME		22 NAME	Moises E. Hernandez, M. D.
07 STREET ADDRESS		23 STREET ADDRESS	118 Malva Court
08 CITY ST ZIP		24 CITY ST ZIP	Coral Gables, Florida 33143
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 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: _____ 3/17/95 (305) 446-7778
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Cecilio F. Gonzalez, President

0107207 CP