FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # P93000078450 (2)

1. Corporation Name:
CHILDREN OF THE WORLD MEDICAL CENTER, INC.

[redacted]

Principal Place of Business	Mailing Address
3770 W. OAKLAND PK E. BLVD. FT. LAUD FL 33311 US	3770 W. OAKLAND PK BLVD. FT. LAUD FL 33311-1152 US

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business — 1: Suite, Apt #, etc. — 2: City & State — 3: Zip — 4: Country — 25
2a. Mailing Address — 26: Suite, Apt #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: 65-0452835 ☐ 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

MURCIANO, ALFREDO
3770 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

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: [signature] 4/18/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MURCIANO, ALFREDO	1.2 NAME	
STREET ADDRESS	% 3850 HOLLYWOOD BLVD., SUITE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MURCIANO, ENRIQUE	2.2 NAME	
STREET ADDRESS	900 71ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MAGGIOLO, LUIS	3.2 NAME	
STREET ADDRESS	747 PONCE DE LEON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WASMER, JOSE	4.2 NAME	
STREET ADDRESS	747 PONCE DE LEON	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	cc 5/7
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	200002180742
STREET ADDRESS		6.3 STREET ADDRESS	-05/16/97--01013--016
CITY		6.4 CITY-ST-ZIP	***165.00

CR2E034 (Green)

14. I do hereby certify that the information supplied with this filing 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: [signature] 4/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytona [illegible]

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