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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000003189 (5)

1. Corporation Name:

ALL-FLORIDA HEALTHCARE CENTER, INC.



Principal Place of Business

Mailing Address

5851 W FLAGLER STREET
MIAMI FL 33144
US

5843 W FLAGLER ST
MIAMI FL 33144-3318
US

3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report
07/22/1996

2. Principal Place of Business

2a. Mailing Address

21 5840 W. Flagler St.

26 5843 W. Flagler St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #5 Suite

27

City & State

City & State

23 Miami, FL

28 Miami FL

Zip

Country

Zip

Country

24 33156

25 USA

29 33144

30 USA

4. FEI Number

65-0463180

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

CAMPS, MARIA E
780 NW LEJEUNE RD
SUITE 404
MIAMI FL 33128

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, typed 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 IN 12

TITLE 0 ☐ DELETE
NAME QUIRANTES, MARIA
STREET ADDRESS 6436 SW 16 ST
CITY- ST- ZIP MIAMI FL 33155

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Maria Quirantes
1.3 STREET ADDRESS 7360 SW 128 St.
1.4 CITY- ST- ZIP Miami, FL 33156

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE 200002144342 ☐ Change ☐ Addition
6.2 NAME -04/16/97--01002--050
6.3 STREET ADDRESS ***165.00
6.4 CITY- ST- ZIP

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: Maria E. Quirantes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97 (305) 261-2226
Date Daytime Phone

CR2E034 (9/96)