## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address
3070 WEST 12TH AVE.

HIALEAH FL 33012-4836

on an attachment with an address

SKINATURE AND TYPED OF PRINTED NAME OF SKINING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

3070 WEST 12TH AVE. HALEAH FL 33012



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 29 1997 8:00am

Secretary of State

0117973

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400005418 (6)

ALVAREZ MEDICAL CENTER, INC.

appears in Block 12 or Block 13 if change

SIGNATURE:

						3. Date Incorporated or Qualified
A Description	Carried Branch and	Da 14-10 - Calab	A Maria Adalas			
· ·	ace of Business	F1	2a. Mailing Address			1395134
21	# ot.	26	. da. da. da. da. da. da. da. da. da. da			
Suite, Apt :	#, EXC	Suite, Apt. #,	Suite, Apl. #, etc.			5. Certificate of Status Desired Serviced Fee Required
City & State	)	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
ALVAREZ, WILFREDO S 3070 WEST 12TH AVE. HIALEAH FL 33012				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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE						
SIGNATURE	Styriation typed to performance of repairer	ed agent and tille. Lapp scable	(NOTE Registere	d Age	nt signature	required when reinstating) DATE
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
HELE	PD	☐ DE	LETE 1.1 TO	TLE		Change Addition
NAME	ALVAREZ, WILFREDO S		1.2 N	AME	ŀ	
STREET ACIONESS	STREET ADDRESS 3070 WEST 12TH AVE.		1.3		ADDRESS	
CITY ST-ZIE	HIALEAH FL 33012		1.4 CITY - ST - ZIP			
T-TLE	SD	DE		*******	1-211	Change Addition
NAME	ALVAREZ, MARTA E		2.2 N			
1	3070 WEST 12TH AVE.		1		4DDDCCC	
STREET ADDRESS	HIALEAH FL 33012		2.3 STREET ADDRESS			
CITY-ST ZIF	HIMLEAN FL 33012			2. 4 CITY - ST - ZIP		
TILE	DELETE 3.		LETE 3.1 TO	3.1 TITLE		Change Addition
NAME.			3.2 N	3.2 NAME		•
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4. 0	HTY-S	ST-ZIP	
TITLE		DE	LETE 4.1 TO	TLE		☐ Change ☐ Addition
NAME			4.2 N	IAME	ľ	
STREET ACORESS			435	TREET	ADDRESS	
CHY-ST-ZIP					i1-7IP	
TITLE		DE			<del></del>	. Change Addition
MAME			5.2 N		l	<u> </u>
STREET ADDRESS					ADDRESS	:
CHTY+ST+ZHP THTLE		DE	5.4 C LETE 6.1 F)		1-71	Change Addition
		ال الـــا	1		j	Change Carlotton
NAME			6.2 N		1000000	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	1 1 4 4 1 th 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and a state that it is a second of	6.4 C	ITY-S	T-ZIP	totad in Contine 110 07(2Vi) Florida Ctat the Little and it that the
14. I do hereby certify that the information supplied with this fung 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name						