

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Candice B. Myhrer  
Secretary of State  
1915 North Florida Avenue, Tallahassee, Florida 32304

**APPROVED  
AND  
FILED**

**DOCUMENT # P94000012845 (1)**

95 MAY -1 PM 11:20

**J & F COMMUNITY MEDICAL CENTER, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Physical Office Address:** 327 N.E. 118TH TERRACE MIAMI FL 33161  
**Mailing Address:** 327 N.E. 118TH TERRACE MIAMI FL 33161

**2** Name of Corporation: **21** 9533 NE 2nd Avenue  
**22** State of Incorporation: **23** Miami Shores, Florida  
**24** 33138 **25** DADE **26** 9533 NE 2nd Avenue  
**27** State of Incorporation: **28** Miami Shores, Florida  
**29** 33138 **30** DADE

**3** Date of Incorporation: **02/16/1994**  
**3a** Date of Last Report:  
**4** FE Number: **65-0416641**  
**5** Certificate of Status Desired: **\$8.75 Additional Fee Required**  
**6** Election Campaign Financing: **\$5.00 May Be Added to Fees**  
**7** The corporation has liability for intangible tax under Section 193, Florida Statutes.

**9. Name and Address of Current Registered Agent**  
**CRISOLOGO, FLOR DE MARIA**  
**327 N.E. 118TH TERRACE**  
**MIAMI FL 33161**

**10. Name and Address of New Registered Agent**  
**81** Name:  
**82** Street Address (P.O. Box Number if Fed. Registration):  
**83**  
**84** City: **FL** **85** State:

**11.** I, the undersigned, the president of the corporation, and the registered corporate secretary, this statement for the purpose of forwarding the required office registration report to the Secretary of State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation and accept the obligations of the Secretary of State of Florida Statutes.

**SIGNATURES:**

12. OFFICERS AND DIRECTORS	
NAME	P/S/T Flor de Maria Crisologo
STREET ADDRESS	327 NE 118th Terrace
CITY	Miami FL 33161
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	

**14.** I, the undersigned, certify that the information supplied with this filing is true, correct, and complete, and that I am not qualified for the exemption stated in Section 193, 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 make the same report effective if made on or after the filing date. I hereby accept the appointment of the registered agent of the corporation and accept the obligations of the Secretary of State of Florida Statutes. I hereby certify that my signature is true and correct and that I am not qualified for the exemption stated in Section 193, Florida Statutes.

**SIGNATURE:** *Flor de Maria Crisologo* **Flor de M. Crisologo** **4/25/95** **759-7255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR