

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

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**Jan 22 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 # P94000013566 (2)**

**1. Corporation Name  
SORISA MEDICAL CENTER, INC.**



**Principal Place of Business Mailing Address  
1095 E 4TH AVE. 1095 E 4TH AVE.  
HIALEAH FL 33010 HIALEAH FL 33010-4103**

**3. Date Incorporated or Qualified 02/16/1994  
3a. Date of Last Report 03/18/1996**

**2. Principal Place of Business 2a. Mailing Address**  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

**4. FEI Number 65-0470881 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  
FUENTES, GERALDINE M  
3200 OLD WINTERGARDEN ROAD  
#1322  
OCEE FL 34761**

**10. Name and Address of New Registered Agent**  
81 Name Fuentes, Geraldine M  
82 Street Address (P.O. Box Number is Not Acceptable) 2206 Rome Ct  
83  
84 City Orlando FL 85 Zip Code 32837

**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** *Geraldine Fuentes* **01-11-97**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GARRASTAZU, EDGAR M	
STREET ADDRESS	1095 E 4TH AVE.	
CITY - ST - ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:** *[Signature]* **01/21/97** **887-1212.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)