FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000020806 (3)**

1. Corporation Name
CLEWISTON MEDICAL CENTER INC.

Principal Place of Business
7380 W 20 AVENUE
#102
HIALEAH FL 33016

Mailing Address
7380 W 20 AVENUE
#102
HIALEAH FL 33016

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report: 09/25/1995

2. Principal Place of Business
21 201 SOUTH GLORIA St
Suite, Apt. #, etc. 22
City & State 23 CLEWISTON, FL
Zip 24 33440
Country 25 U.S.A.

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29
Country 30

4. FEI Number: 65-0474087 — 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
GARCIA, PEDRO
8220 NW 154 TERRACE
MIAMI FL 33016

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 (typed or printed name of registered agent and title if applicable) — Not to Exceed 40 Characters required when no title — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GARCIA, PEDRO	
STREET ADDRESS	8220 NW 154 TERR	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	S	☐ DELETE
NAME	GARCIA, MARIA DE LOS A.	
STREET ADDRESS	8220 NW 154 TERR	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800001915688	☐ Change ☐ Addition
5.2 NAME	-08/07/96--01046--029	
5.3 STREET ADDRESS	***25.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	000001915788	☐ Change ☐ Addition
6.2 NAME	-08/07/96--01046--030	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/30/96 — Daytime Phone # (305)8266696

CR2E034 (12/95)