

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000020806 (3)**

1. Corporation Name

**CLEWISTON MEDICAL CENTER INC.**



Principal Place of Business

Mailing Address

7380 W 20 AVENUE  
#102  
HALEAH FL 33016

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#102  
HALEAH FL 33016

3. Date Incorporated or Qualified  
**03/17/1994**

3a. Date of Last Report  
**09/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 **201 SOUTH GLORIA ST**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 **CLEWISTON, FL**

28

Zip

Country

Zip

Country

24 **33440**

25

**U.S.A.**

29

30

4. FLE 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

10. Name and Address of New Registered Agent

**GARCIA, PEDRO**  
**8220 NW 154 TERRACE**  
**MIAMI FL 33016**

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 of Registered Agent

Title of Registered Agent (Agent is required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **P GARCIA, PEDRO**  
STREET ADDRESS **8220 NW 154 TERR**  
CITY-ST-ZIP **MIAMI FL 33016**

TITLE  DELETE  
NAME **S 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  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**800001915698**  Change  Addition  
**-08/07/96--01046--029**  
**\*\*\*25.00**

**000001915780**  Change  Addition  
**-08/07/96--01046--030**  
**\*\*\*200.00**

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 CLIPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

*1/30/96*

*(305) 826 6696*

CR2E034 (12/95)