

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
KATHA B. BORTON
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029428 (7)

1. Corporation Name

KNIGHT MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

1200 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134

1200 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

04/15/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0480417

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

7. 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

KNIGHT, DEWEY III
1200 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134

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 name of registered agent and the # applicable)

NOTE: Registered Agent signature required when furnished.

04/21/95
DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

KNIGHT, DEWEY III

STREET ADDRESS

1200 PONCE DE LEON BOULEVARD

CITY ST ZIP

CORAL GABLES FL 33134

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

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 110.07(3)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/95
DATE

Signature Page 2