

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000035119 (4)

1. Corporation Name

M.D. HEALTH CARE CENTER INC.



Principal Place of Business

Mailing Address

~~4410 W. 16TH AVE
#60
HIALEAH FL 33012~~

~~4410 W. 16TH AVE
#60
HIALEAH FL 33012~~

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21 12549 West Okeechobee Rd

26 Suite, Apt #, etc.

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

23 City & State

28 City & State

Hialeah Gardens FL

Same

24 Zip

25 Country

29 Zip

30 Country

33018

U.S.A.

4. FCI Number
65-0490462

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

~~DELGADO, NURY
4410 WEST 16TH AVE.
#60
HIALEAH FL 33012~~

81 Name
Jose A. Delgado

82 Street Address (P.O. Box Number is Not Acceptable)
635 W 76 ST

83

84 City
Hialeah FL

FL

85 Zip Code
33014

11. Pursuant to the provisions of Sections 607.0508 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

Delgado
Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when re-instating)

7/17/96
(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~SD
DELGADO, NURY
4410 WEST 16TH AVE. #60
HIALEAH FL 33012~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
President.
Jose A. Delgado
635 W 76 ST
Hialeah FL 33014

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Delgado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/96 (305) 823-2555
Date Phone

CR2E034 (3/96)