

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 # P94000036122 (7)

1. Corporation Name

SCC/SUB-ACUTE CARE CORPORATION

Principal Place of Business

401 MIRACLE MILE
SUITE 400
CORAL GABLES FL 33134

Mailing Address

401 MIRACLE MILE
SUITE 400
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 401 Miracle Mile

26 Suite, Apt. #, etc.

22 Suite 303

27 Suite, Apt. #, etc.

23 Coral Gables, FL

28 City & State

24 33134

29 Zip

25 Country

30 Country

9. Name and Address of Current Registered Agent

BARRETO, OSVALDO
7750 S.W. 132ND PL.
MIAMI FL 33183

3. Date Incorporated or Qualified
05/12/1994

3a. Date of Last Report
02/24/1995

4. FEI Number
65-0507848

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

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

Osvaldo Barreto

(NOTE: Registered Agent signature required when reinstating)

1/15/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1. CEO
DEL CAMPO, PEDRO O.
9913 SW 154 CT
MIAMI FL 33196
D

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2. RODRIGUEZ, JOSE LOIS, M.D.
7441 SW 74 AVE
MIAMI FL 33143
X

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3. COOD
BARRETO, OSVALDO
7750 SW 132 PL
MIAMI FL 33183

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
2. 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
700001701707
-01/30/96--01094--019
****233.75 ****233.75

3. 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5. 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6. 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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

Daytime Phone #

1/15/96 (305) 448-1245

CR2E034 (12/95)

APPROVED
AND
FILED

96 JAN 22 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

