CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040563 (6)

1. Corporation Name

DORAL HEALTH MEDICAL CENTER INC.

Principal Place of Business	Mailing Address
8001 N.W. 36TH ST. SUITE 104 MIAMI FL 33166	8001 N.W. 36TH ST. SUITE 104 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6925 Biscayne Blv.	26 6925 Biscayne Blv.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami, FL
24 Zip: 33138 25 County: USA	29 Zip: 33138 30 County: USA

4. FEI Number: 65-0500084 ☐ 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
CASTILLO, VIRGINIA 8001N.W. 36TH ST. SUTIE 104 MIAMI FL 33166	81 Name: VIRGINIA CASTILLO 82 Street Address (P.O. Box Number is Not Acceptable): 6925 Biscayne Blv. 83 84 City: MIAMI FL 85 Zip Code: 33138

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 _____ DATE

(Signature must be of person named as registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTV	11 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, VIRGINIA	12 NAME	
STREET ADDRESS	8001 N.W. 36TH ST.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33166	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, VIRGINIA	22 NAME	
STREET ADDRESS	8001 N.W. 36TH ST.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33166	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), 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: _____ 4-24-95 (305) 754-8399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Telephone Number

0102874 CP