FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000044559 (0)**

1. Corporation Name
SOUTH DADE SERVICES & MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
20720 S. DIXIE HWY MIAMI FL 33177	20720 S. DIXIE HWY MIAMI FL 33177

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 20700 South Dixie Hwy
2a. Mailing Address — 26: 20700 South Dixie Hwy
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
23: City & State: Miami - Fla
28: City & State: Miami - Fl
24: Zip: 33180
25: County: DADE
29: Zip: 33189
30: County: DADE

4. FEI Number: 65-0501199 ☐ 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

VILAOMAT, LANDELINA
20720 S. DIXIE HWY
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name: VILAOMAT, LANDELINA
82 Street Address (P.O. Box Number is Not Acceptable): 20700 South DIXIE Hwy
83:
84 City: Miami FL 85 Zip Code: 33189

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, typed or printed name of 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	D	1.1 TITLE: D	☐ Change ☐ Addition
NAME	VILAOMAT, LANDELINA	1.2 NAME: VILAOMAT, LANDELINA	
STREET ADDRESS	20720 S.W. 117TH COURT	1.3 STREET ADDRESS: 20700 South Dixie Hwy	
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP: Miami - Fla 33189	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MACHADO, CARLOS	2.2 NAME	
STREET ADDRESS	1030 S.W. 9TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DEL CRISTO, GONZALO E	3.2 NAME	
STREET ADDRESS	44 EAST 5TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ 6/28/95 305-255-6545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0206302 CP