

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

FILED
Jan 23 1996 8:00 am
Secretary of State

DOCUMENT # P94000046817 (0)

1. Corporation Name

SWEETWATER HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

11398 W. FLAGLER STREET
SUITE 202
MIAMI FL 33174

11398 W. FLAGLER STREET
SUITE 202
MIAMI FL 33174

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified
06/20/1994

3a. Date of Last Report
09/11/1995

4. FEI Number

65-0505058

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

ZAMORA, ENRIQUE ESO.
901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134

81 Name

PEDRO M. PENARANDA

82 Street Address (P.O. Box Number is Not Acceptable)

11398 W. FLAGLER ST. SUITE 202

83

84 City

SWEETWATER

FL

85 Zip Code

33174

11. Pursuant to the provisions of Sections 607.0302 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]

(NOTE: Registered agent signature required when reappointing)

DATE

01/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D MAS-PENARANDA, JOSE
STREET ADDRESS
11398 W. FLAGLER STREET, SUITE 202
CITY-ST-ZIP
MIAMI FL 33174

TITLE ☒ DELETE

NAME
D MAS-PENARANDA, PAULA
STREET ADDRESS
11398 W. FLAGLER STREET, SUITE 202
CITY-ST-ZIP
MIAMI FL 33174

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

1 1 TITLE ☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY-ST-ZIP

2 1 TITLE ☒ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY-ST-ZIP

3 1 TITLE ☐ Change ☒ Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

6 2 NAME

6 3 STREET ADDRESS

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)(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

01/16/96 (305) 221-4488

CR2E034 (12/95)