

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000048879

1. Corporation Name

EVELYN MEDICAL CENTER INC.

Principal Place of Business

4999 W. 8TH AVENUE 948.5 25st
SUITE 23
HIALEAH FL 33012
HIALEAH
FL 33012

Mailing Address

ERNESTO M. CARRALERO
160 S. 31ST STREET
HIALEAH FL 33012

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

22 City & State

28 City & State

23 Zip Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CARRALERO, ERNESTO M
160 W. 31ST STREET
HIALEAH FL 33012

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

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

(NO E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, MARIA T		1.2 NAME
STREET ADDRESS	8501 NW 8TH ST. APT. 411		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRALERO, ERNESTO M		2.2 NAME
STREET ADDRESS	160 W. 31ST STREET		2.3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Maria T. Valdes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90020 022 ***158.75

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04-10-99 805-8202041
Date Daytime Phone #