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 # **P94000056041**1. Corporation Name

LORD MEDICAL CENTER, INC.

Principal	Place	of	Business
0700 014/			

Secretary of State

Feb 02, 1999 8:00am

FILED

02-02-1999 90011 045 ***150.00



2720 S.W. 137		2720 S.W. 1371H AVENUE			•					
MIAMI FL 33175		MIAMI PL 331/5	MIAMI FL 33175		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified				
				•	07/28/1994					
A Data de al E	Principal Place of Business 2a. Mailing Address			4. FEI Number		App	lied For			
	nace of Business	<u> </u>			65-0508319		 	Applicable	3	
21		Suite, Apt. #, etc.		·		<u> </u>	\$8.75 A		1	
Suite, Apt.	#, etc.		•		5. Certifcate of Status Desired		Fee Rec			
22		City & State			a Florie Compile Financia				ı	
City & Star	te				6. Election Campaign Financing		\$5.00 N Added to			
23		28	Carrete		Trust Fund Contribution			1 003	ĺ	
Zip	Country Zip Country				8, This corporation owes the current year Intangible Personal Property Tax. Yes No 10, Name and Address of New Registered Agent					
24 25 29 30										
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New	Vedistaien ve	Jent.		ĺ	
FO.	IC FELIX CHION	Land to the state of the state	· °'	Marrie						
FUN	IG, FELIX CHION O SW 137 AVE		82	Street Add	ress (P.O. Box Number is Not Accep	table)			ĺ	
2/2	0 SW 137 AVE.				Section 18 control to the section 19		· · · · · · · · · · · · · · · · · · ·	100011101110	İ	
MIA	MI FL 33175		83					3 3 3 3	l	
1			84	City	*** *** *** **** ******* *************	1121 41 111 35,41 20 121 1 4 5 11 2316, 47,	85 Zip C	ode	l	
	•		'	' '		FL		•	l	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	22 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for th	e purpose of ch	anging its r	egistered	l	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au	ithorized by ida Statute:	the corporati	on's board of directors. I hereby acc	ept the appoint	nent as reg	istered	l	
ļ	•	audits of, decilor our loods, their	100 0101010						l	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	nt signature require	ed when reinstating)	DATE			1	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	RS IN 12	1 3	
TITLE	PST	☐ DELETE	1.1 TITLE		1 00 07 070		Change	☐ Addition	3	
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	MIAMI FL 33186		1.4 CITY-5						1	
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		. –	2.2 NAME				•		İ	
NAME			1	T ADDRESS	•				İ	
STREET ADDRESS										
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TITLE	Party a. P. T. C.	☐ DELETE	6.1 TITLE				Change	☐ Addition] '	
	18875 A. T. 184 A. A.	_	6.2 NAME						Į	
NAME	1,0477								1	
STREET ADDRESS			63 STRFF	T ADDRESS					1	

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: