FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAR 27 PM 5:50

TALLAHASSEE, FLORIDA

DOCUMENT # P 94000058142

1. Corporate Name

Govea Medical Center, Inc.

Principal Place of Business

6031 SW 8 St
Miami, Florida 33144.

Mailing Address

6031 SW 8 St
Miami,Florida 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 8/5/94

3a. Date of Last Report: 2/22 /95

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite Apt # etc. — 22

Suite Apt # etc. — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: 65-0487650 — 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

Caridad Govea
6031 S.W. 8th St.
Miami, Florida 33144

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE: Caridad Govea — Caridad Govea — 3/22/95

12. OFFICERS AND DIRECTORS

President/Treasurer/Director
Caridad Govea
6031 SW 8 th St, Miami, Fl33144

Vice-President/Secretary/Director
Caridad Alvarez
6031 SW 8th Street
Miami, Florida 33144

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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TS, 4/27/95

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14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 of this report or will be added as an officer or director.

SIGNATURE: Caridad Govea — Caridad Govea — 3/22/95 — (305)267-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR