

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 AM 8:49

**DOCUMENT # P94000064206 (3)**

1. Corporation Name

**UNIVERSAL MEDICAL CENTERS OF SOUTH FLORIDA, INC.**

Principal Place of Business

299 S.W. 27 AVE.  
MIAMI FL 33125

Mailing Address

299 S.W. 27 AVE.  
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/29/1994** 3a. Date of Last Report

4. FEI Number **65-0519805** 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DOMINGUEZ, ALBERTO  
299 S.W. 27 AVE.  
MIAMI FL 33125**

10. Name and Address of New Registered Agent

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]*

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**SUAREZ, LOIS R  
299 S.W. 27 AVE.  
MIAMI FL 33125**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**DOMINGUEZ, ALBERTO  
299 S.W. 27 AVE.  
MIAMI FL 33125**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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]*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Deputy Person #