

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067087 (4)

1. Corporation Name

WINEGARD MEDICAL CENTER, INC.

Principal Place of Business

6500 WINEGARD ROAD
ORLANDO FL 32809

Mailing Address

6500 WINEGARD ROAD
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1994

3a. Date of Last Report

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number

09-3267312

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

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

HERNANDEZ, MIRIAM
6500 WINEGARD RD.
ORLANDO FL 32809

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 of person or persons (printed name of registered agent and for 4 approver)

NOTE: Registered Agent signature required when resigning

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PRESIDENT	Miriam Hernandez	6500 Winegard Rd.	Orlando, FL 32809
VICE PRESIDENT	Lazaro Hernandez	6500 Winegard Rd	Orlando, FL 32809
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

14 TITLE	15 NAME	16 STREET ADDRESS	17 CITY, ST, ZIP	Change	Addition
18 TITLE	19 NAME	20 STREET ADDRESS	21 CITY, ST, ZIP	☐	☐
22 TITLE	23 NAME	24 STREET ADDRESS	25 CITY, ST, ZIP	☐	☐
26 TITLE	27 NAME	28 STREET ADDRESS	29 CITY, ST, ZIP	☐	☐
30 TITLE	31 NAME	32 STREET ADDRESS	33 CITY, ST, ZIP	☐	☐
34 TITLE	35 NAME	36 STREET ADDRESS	37 CITY, ST, ZIP	☐	☐
38 TITLE	39 NAME	40 STREET ADDRESS	41 CITY, ST, ZIP	☐	☐
42 TITLE	43 NAME	44 STREET ADDRESS	45 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 110.07(3)(a), 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:

Miriam Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/13/95