

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000067994

1. Corporation Name

HIALEAH POLYCLINIC AND DIAGNOSTIC CENTER, INC.

Principal Place of Business

Mailing Address

4201 SW 11 Street
Miami FL 33134

4201 SW 11 Street
Miami FL 33134

3. Date Incorporated or Qualified
09-15-94

3a. Date of Last Report
07-25-95

2. Principal Place of Business

2a. Mailing Address

21 7171 SW 24 Street

26 7171 SW 24 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 205

27 205

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Country

Zip

Country

24 33155

25 Dade

29 33155

30 Dade

4. FEI Number

65-0520297

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

10. Name and Address of New Registered Agent

Cabrera, Raul D.
4201 SW 11 Street
Miami FL 33134

81 Name **Perez, Mirta**

82 Street Address (P.O. Box Number is Not Acceptable)
7171 SW 24 Street -Ste 205

83

84 City **Miami**

FL

85 Zip Code **33155**

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

Mirta Perez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME Volta, Mirta
STREET ADDRESS 11300 NW 87 CT # 117
CITY-ST-ZIP Hialeah Gardens - FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Perez, Mirta
1.3 STREET ADDRESS 3601 SW 136 Ct.
1.4 CITY-ST-ZIP Miami FL 33175

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME Castillo, Pastor
2.3 STREET ADDRESS 3601 SW 136 Ct.
2.4 CITY-ST-ZIP Miami FL 33175

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
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

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***208.75**

5-24-96

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:

Mirta Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #