

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069011 (2)

1. Corporation Name

COMMUNITY HEALTH MEDICAL CENTER, INC.

Principal Place of Business

441-443 SW 17TH AVE
MIAMI FL 33135

Mailing Address

441-443 SW 17TH AVE
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 443 SW 17 AVE

2a. Mailing Address

26 THE SAME.

4. FEI Number

65-0522766

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

Country

24 33135

25 NONE

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~QUESADA, ANTONIO
1363 NW 34TH AVE
MIAMI FL 33125~~

81 Name

ROLANDO ARAGON

82 Street Address (P.O. Box Number is Not Acceptable)

83 11360 NW 46 ST.

84 City

MIAMI

FL

85 Zip Code

33165

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

~~Rolando Aragon~~

Rolando Aragon 4/3/95

(Signature of individual or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST
NAME	QUESADA, ANTONIO
STREET ADDRESS	1363 NW 34TH AVE
CITY - ST - ZIP	MIAMI FL 33125
TITLE	DV
NAME	RODRIGUEZ, ARIEL C
STREET ADDRESS	855 W 99TH ST
CITY - ST - ZIP	HALEAH FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	DPST	☒ Change ☐ Addition
2. NAME	ROLANDO ARAGON	
3. STREET ADDRESS	11360 NW 46 ST.	
4. CITY - ST - ZIP	MIAMI FL 33165	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

~~Rolando Aragon~~

Rolando Aragon 4/3/95 (305) 644-3337

(Signature and typed or printed name of signing officer on direction)

Date

Typed Name