**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 # **P94000074143 (6)**

1. Corporation Name

**HURMAN MEDICAL CENTER INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7805 CORAL WAY<br>STE 114<br>MIAMI FL 33155<br>US | 7805 CORAL WAY<br>STE 114<br>MIAMI FL 33155<br>US |

3. Date Incorporated or Qualified: **10/10/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0525496** ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip: 24 / Country: 25 | Zip: 29 / Country: 30 |

9. Name and Address of Current Registered Agent

**HURTADO, MANUEL**
**7805 CORAL WAY, STE 114**
**SUITE 405**
**MIAMI FL 33155**

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 Section 607.0502 or 617.1502, 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. The corporation has been informed and hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | HURTADO, MANUEL | |
| STREET ADDRESS | 7805 CORAL WAY, STE 114 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 TITLE | ☐ Change | ☐ Addition |
| 2 NAME | | |
| 3 STREET ADDRESS | | |
| 4 CITY-ST-ZIP | | |
| 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 | | |
| 17 TITLE | ☐ Change | ☐ Addition |
| 18 NAME | | |
| 19 STREET ADDRESS | | |
| 20 CITY-ST-ZIP | | |
| 21 TITLE | ☐ Change | ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |

14. I do hereby 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 added to the report. Print Name and Title

**SIGNATURE:** X M. Hurtado 1/10/96 305-261-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)