

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

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 11:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000077142 (5)**

1. Corporation Name

**HIALEAH GOLDEN AGE MEDICAL CENTER INC.**

Principal Place of Business

**3750 W. 16TH AVE., SUITE 130-U  
HIALEAH FL 33016**

Mailing Address

**3750 W. 16TH AVE., SUITE 130-U  
HIALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/20/1994**

3a. Date of Last Report

4. FEI Number

**65-0527218**

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SECRETARY  
STATE  
TALLAHASSEE**

10. Name and Address of New Registered Agent

81 Name

**ROSA OBDULIA EDGAR**

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

**3750 W 16TH AVENUE**

83

**SUITE 130.U**

84 City

**HIALEAH**

**FL**

85 Zip Code

**33016**

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

**X Rosa Obdulia Edgar**

(Signature, typed or printed name of registered agent and fee applicant)

(Date)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>XX PRESIDENT</b>
NAME	<b>ROSA OBDULIA EDGAR</b>
STREET ADDRESS	<b>3750 W 16TH AVE # 130-U</b>
CITY - ST - ZIP	<b>HIALEAH FL 33016</b>
TITLE	<b>XX VSD</b>
NAME	<b>ROSA OBDULIA EDGAR</b>
STREET ADDRESS	<b>3750 W. 16TH AVE #130-U</b>
CITY - ST - ZIP	<b>HIALEAH FL 33016</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROSA OBDULIA EDGAR</b>
1.3 STREET ADDRESS	<b>3750 W 16TH AVE # 130- U</b>
1.4 CITY - ST - ZIP	<b>HIALEAH FLORIDA 33016</b>
2.1 TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROSA OBDULIA EDGAR</b>
2.3 STREET ADDRESS	<b>3750 W. 16TH AVE #130-U</b>
2.4 CITY - ST - ZIP	<b>HIALEAH FLORIDA 33016</b>
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>200001475132</b>
4.3 STREET ADDRESS	<b>-05/04/95--01018--010</b>
4.4 CITY - ST - ZIP	<b>***200.00 ***200.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(b), 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:

**X Rosa Obdulia Edgar**

(Signature and typed or printed name of signing officer or director)

(Date)

**SW**