

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000082651 (8)

1. Corporation Name

LEISURE CITY MEDICAL CENTER, INC.

Principal Place of Business

20 N.W. 108TH COURT  
MIAMI FL 33172

Mailing Address

20 N.W. 108TH COURT  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1994

4. FFI Number

65-0534075

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 29341 SW 152 Ave

Suite, Apt. #, etc.

22

City & State

23 LEISURE CITY, FL

Zip

24 33033

Country

25 U.S.A.

2a. Mailing Address

26 29341 S.W. 152 Ave

Suite, Apt. #, etc.

27

City & State

28 LEISURE CITY, FL

Zip

29 33033

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PADRO, ROLANDO B  
6770 S.W. 48 ST  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name ROLANDO B. PADRO  
82 Street Address (P.O. Box Number is Not Acceptable)  
6770 S.W. 48 ST.  
83  
84 City MIAMI FL 85 Zip Code 33033

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 [Signature]

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PST			<input type="checkbox"/>
	PADRO, ROLANDO B			
	6770 S.W. 48 ST			
	MIAMI FL 33155			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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\*\*\*150.00

JS  
5.20

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature]

04-23-98

CR2E034 (10/97)