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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:17

DOCUMENT # **P94000082836 (5)**

1. Corporation Name
**INNOVATIVE MEDICAL CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 551 WEST 51ST PLACE<br>HIALEAH FL 33012<br>7223 Coral Way<br>Miami, Fl 33155 | 551 WEST 51ST PLACE<br>HIALEAH FL 33012<br>7223 Coral Way<br>Miami, Fl 33155 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 66-0560414 ☐ 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

SOMARRIBA, JULIO D
551 WEST 51ST STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: Osvaldo Flores
82 Street Address (P.O. Box Number is Not Acceptable): 7223 Coral Way
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: [signature] 5-30-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PVD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | IMBERT, SOCRATES | 12 NAME | PVD |
| STREET ADDRESS | 551 WEST 51ST PLACE | 13 STREET ADDRESS | Osvaldo Flores |
| CITY ST ZIP | HIALEAH FL 33012 | 14 CITY ST ZIP | 7223 Coral Way - Miami,Fl 33155 |
| TITLE | STD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SOMARRIBA, JULIO D | 22 NAME | STD |
| STREET ADDRESS | 551 WEST 51ST PLACE | 23 STREET ADDRESS | Osvaldo Flores |
| CITY ST ZIP | HIALEAH FL 33012 | 24 CITY ST ZIP | 7223 Coral Way - Miami, Fl 33155 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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)(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 "X".

**SIGNATURE:** X [signature] 4-26-95 305-266-0010
SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060701 CP