

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 16 11:38

DOCUMENT # **P94000085198 (7)**

1. Corporation Name

**HIALEAH REGIONAL MEDICAL CENTER INC.**

Principal Place of Business

Mailing Address

4338 S.W. 8TH ST.  
MIAMI FL 33134

4338 S.W. 8TH ST.  
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/22/1994

2. Principal Place of Business

2a. Mailing Address

21 200 W. 49 Street

26 200 W. 49 Street

4. FEI Number

Applied For

65-0525611

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

City & State

23 Hialeah, FL

28 Hialeah, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33013

25 U.S.A.

29 33013

30 U.S.A.

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIGO, ALBERTO  
4338 S.W. 8TH ST.  
MIAMI FL 33134

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 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

*Georgina J. ...*

*Pres. Alejandro Vazquez 6-1-95*

Signature typed or printed name of registered agent and title if applicable.

DATE Registered Agent Appointment required when registered.

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME VAZQUEZ, ALEJANDRO J  
STREET ADDRESS 4338 S.W. 8TH ST.  
CITY ST ZIP MIAMI FL 33134

TITLE TD  
NAME GARCIA, JOSE M  
STREET ADDRESS 4338 S.W. 8TH ST.  
CITY ST ZIP MIAMI FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

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)(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:

*Georgina J. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres. Alejandro Vazquez 6-1-95 825-7731*  
DATE