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FILED

**May 13 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000085198 (7)
1. Corporation Name
HIALEAH REGIONAL MEDICAL CENTER INC.



Principal Place of Business
**300 W 49 STREET
HIALEAH FL 33013
US**

Mailing Address
**200 W 49 STREET
HIALEAH FL 33012-3714
US**

3. Date Incorporated or Qualified **11/22/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **4930 Palm Ave** 2a. Mailing Address
26 **4930 Palm Ave.**

4. FEI Number **65-0525611** Applied For
Not Applicable

Suite, Apt. #, etc. 22

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 23 **Hialeah FL** 27 **Hialeah FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip 24 **33012** Country 25 29 **33012** 30

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

9. Name and Address of Current Registered Agent
**TRIGO, ALBERTO
4338 S.W. 8TH ST.
MIAMI FL 33134**

10. Name and Address of New Registered Agent
81 Name **Jose M. Garcia**
82 Street Address (P.O. Box Number is Not Acceptable) **4930 Palm Ave.**
83
84 City **Hialeah** FL 85 Zip Code **33012**

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 *Jose M. Garcia* 4/30/97
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	PD	<input type="checkbox"/> DELETE
NAME	VAZQUEZ, ALEJANDRO J	
STREET ADDRESS	4338 S.W. 8TH ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARCIA, JOSE M	
STREET ADDRESS	4338 S.W. 8TH ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4930 Palm Ave
1.4 CITY-ST-ZIP	Hialeah FL 33012
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4930 Palm Ave
2.4 CITY-ST-ZIP	Hialeah FL 33012
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 unchanged, or on an attachment with an address.

SIGNATURE *Jose M. Garcia* 4/30/97

CR2E034 (9/96)