

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000085881 (8)

1. Corporation Name

MODEL CITIES DIAGNOSTIC MEDICAL CENTER, INC.



Principal Place of Business

1212 NW 79 ST.
MIAMI FL 33147

Mailing Address

1212 NW 79 ST.
MIAMI FL 33147

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
08/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0537067

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

HINES, LOTTIE
7631 N.W. 17TH AVENUE
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

OCTAVIOUS L.HINES

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

7631 NORTH WEST 17th AVENUE

83

84 City

Miami,

FL

85 Zip Code

33147

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

Octavious L. Hines

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Octavious L. Hines

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HINES, ADRIAN T
4375 S.W. 60TH AVE.
DAVE FL 33314

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
HINES, MARY
3787 THOMAS AVE.
MIAMI FL 33133

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
HINES, MARTHA
21 N.W. 41 STREET
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HINES, LOTTIE
7631 N.W. 17TH AVE.
MIAMI FL 33147

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MITCHELL, EDWIN C
1212 N.W. 79TH ST.
MIAMI FL 33147

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
REID, VANESSA S
1209 BOB LITTLE ROAD
PANAMA CITY FL 32404

☐ DELETE

13.
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D Octavious L.Hines
7631 N.W. 17th Ave.
Miami, Florida 33147

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D Bertren A. Gordon
7631 N.W. 17th Ave.
Miami, Florida 33147

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

800001810548

05/07/96--01024--002

***208.75

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 only in attachment with an address.

SIGNATURE: :

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lottie Mitchell Hines (305)836-8777 4/11/96

Date

Daytime Phone #

CR2E034 (12/95)