

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089167 (8)

1. Corporation Name

TOTAL CARE MEDICAL CENTER, INC.



Principal Place of Business

Mailing Address

10300 SUNSET DR SUITE 350
MIAMI FL 33173

10300 SUNSET DR SUITE 350
MIAMI FL 33173

3. Date Incorporated or Qualified
12/08/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 8080 W. FLAGLER ST

26 8260 W. FLAGLER ST

4. FEI Number

65-0541229

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1-0

27 1-6

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33144

25

29 33144

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

10. Name and Address of New Registered Agent

VARONA, SERGIO
10300 SUNSET DR SUITE 350
MIAMI FL 33173

81 Name

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

8260 W. FLAGLER ST

83

SUITE 1-6

84 City

MIAMI

FL

85 Zip Code

33144

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

(NOTE: Registered Agent signature required when heretofore)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME VARONA, SERGIO
STREET ADDRESS 2500 SW 118TH CT
CITY-STATE-ZIP MIAMI FL 33175 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE DV
NAME VILLANUEVA, MARIA M
STREET ADDRESS 14860 SW 151ST TER
CITY-STATE-ZIP MIAMI FL 33196 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE DS
NAME DE VARONA, FLORA
STREET ADDRESS 2500 SW 118TH CT
CITY-STATE-ZIP MIAMI FL 33175 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE DT
NAME MENDEZ, LOURDES
STREET ADDRESS 13003 SW 5TH ST
CITY-STATE-ZIP MIAMI FL 33184 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO VARONA

3/13/95 (Gos) 351-9721

CR2E034 (12/95)