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Jun 18 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 # P94000092070 (9)

1. Corporation Name
HIALEAH RELIEF MEDICAL CENTER, INC.

Principal Place of Business
4051 EAST 8TH AVENUE #4
HIALEAH FL 33013

Mailing Address
4051 EAST 8TH AVENUE #4
HIALEAH FL 33013-2800

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report: 02/11/1996

2. Principal Place of Business
21 16023 NW 83 CT
Suite, Apt. #, etc.
22 Miami Fl
City & State
23
Zip 24 33016 Country 25 Dade

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0547012 — 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
LOPEZ, ABDIEL
4051 EAST 8TH AVENUE #4
HIALEAH FL 33013

10. Name and Address of New Registered Agent
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 _____
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	D ☐ DELETE
NAME	LOPEZ, ABDIEL
STREET ADDRESS	8822 NW 152 TERRACE
CITY-ST-ZIP	MIAMI FL 33016
TITLE	D ☐ DELETE
NAME	ALFONSO, YIDA
STREET ADDRESS	8822 NW 152 TERRACE
CITY-ST-ZIP	MIAMI FL 33016
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D ☒ Change ☐ Addition
1.2 NAME	ABDIEL LOPEZ
1.3 STREET ADDRESS	16023 NW 83 CT
1.4 CITY-ST-ZIP	MIAMI Fl 33016
2.1 TITLE	D ☒ Change ☐ Addition
2.2 NAME	ALFONSO, YIDA
2.3 STREET ADDRESS	16023 NW 83CT
2.4 CITY-ST-ZIP	MIAMI, Fl 33016
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	PE
5.3 STREET ADDRESS	6-18
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	300002216653
6.3 STREET ADDRESS	-06/19/97--01004--004
6.4 CITY-ST-ZIP	***550.00

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 if changed, or is an attachment with an address.

SIGNATURE: [illegible]

CR2E034 (9/96)