

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000094260 (4)**

1. Corporation Name

HEALTH CARE MEDICAL CENTER INC.

Principal Place of Business

6520 WEST 27TH COURT
#13
HALEAH FL 33016

Mailing Address

6520 WEST 27TH COURT
#13
HALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1984

3a. Date of Last Report

2. Principal Place of Business

21 **7805 CORAL WAY**

2a. Mailing Address

26 **7805 CORAL WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE #129**

27 **SUITE #129**

City & State

City & State

23 **Miami, FL**

28 **Miami, FL**

Zip

Country

Zip

Country

24 **33185**

25 **U.S.A.**

29 **33155**

30 **U.S.A.**

4. FEI Number

65-0547509

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

CASTILLO, ELIZABETH
6520 WEST 27TH CT.
#13
HALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name **ANA.C. CASTILLO**
82 Street Address (P.O. Box Number is Not Acceptable)
7805 CORAL WAY
83 **SUITE #129**
84 City **Miami, FL** 85 Zip Code **33155**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when substituting)

3-29-95
DATE

12. OFFICERS AND DIRECTORS

1. TITLE **PTD**
2. NAME **CASTILLO, ELIZABETH**
3. STREET ADDRESS **% 6520 WEST 27TH CT. #13**
4. CITY, ST, ZIP **HALEAH FL 33016**

1. TITLE **SVD**
2. NAME **CASTILLO, ANA C**
3. STREET ADDRESS **% 6520 WEST 27TH CT. #13**
4. CITY, ST, ZIP **HALEAH FL 33016**

1. TITLE **ANA. C. Castillo - PTD**
2. NAME **ANA. C. Castillo**
3. STREET ADDRESS **7805 CORAL WAY suite #129**
4. CITY, ST, ZIP **MIAMI, FL. 33155**

1. TITLE **ANA.C. CASTILLO - SVD**
2. NAME **ANA.C. CASTILLO**
3. STREET ADDRESS **7805 CORAL WAY suite #129**
4. CITY, ST, ZIP **MIAMI, FL. 33155**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

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
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 of this report, if so, as an attachment with an address.

SIGNATURE:

[Signature]

(PRINT OR TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3-29-95

Date

(Print Name)