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 # **P95000020193 (5)**

1. Corporation Name

POLYCLINIC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
15600 NW 67TH AVE. #306 MIAMI LAKES FL 33014	15600 NW 67TH AVE. #306 MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: 03/10/1995
3a. Date of Last Report:

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: 65-0577755 ☐ 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

ORCASITA-NG, JOSE A
15535 MIAMI LAKEWAY NORTH #210
MIAMI LAKES FL 33014

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; for New Registered Agent, signature, typed or printed name and accepting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ORCASITA-NG, JOSE A 15535 MAAMI LAKEWAY NORTH #210 MIAMI LAKES FL 33014	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR TIVOLI ASSOCIATES, INC. 3250 S.W. 3RD. AVENUE #100 MIAMI, FL 33129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HERNANDEZ, JOSE A 7740 SW 89TH AVE. MIAMI FL 33173	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DIRECTOR JUAN CASTILLO-PLAZA 6600 COW PEN ROAD #310 MIAMI LAKES, FL 33014	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WONG, ANTONIO H 6523 CHAMPLAIN TERR. DAVIE FL 33331	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DIRECTOR EDUARDO E. GRENET 2460 N.E. 36 STREET FT. LAUDERDALE, FL 33308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ARTEAGA, JUAN F 25 NE 116TH ST. MIAMI FL 33161	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DIRECTOR TIN WAI HUI 16209 N.E. 13TH AVE. NORTH MIAMI BEACH, FL 33162	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LALLI, BALDEV 911 E. PONCE LEON BLVD. #601 MIAMI FL 33134	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	AUSBERTO HIDALGO 1840 W. 49TH STRET, SUITE 514 HIALEAH, FL 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	DIRECTOR JOSE E. GAMEZ 7150 W. 20TH AVE. #405 HIALEAH, FL 33016	☐ 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, or on an attachment with an address.

SIGNATURE: Baldev Lalli
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR

Baldev Lalli, M.D.
Family Medicine

April 30/96
Date

362-9560
Daytime Phone #

CR2E034 (12/95)