

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 # P95000020784 (1)

1. Corporation Name

PRINCIPAL MEDICAL CENTER, INC.

Principal Place of Business

28722 S. DIXIE HIGHWAY  
MIAMI FL 33033

Mailing Address

28722 S. DIXIE HIGHWAY  
MIAMI FL 33033



2. Principal Place of Business

21 2121 Ponce de Leon Blvd  
Suite, Apt. #, etc.

22 Suite # 405  
City & State

23 Coral Gables, Florida  
Zip Country

24 33134

25 U.S.A.

2a. Mailing Address

26 2121 Ponce de Leon Blvd.  
Suite, Apt. #, etc.

27 Suite # 405  
City & State

28 Coral Gables, Florida  
Zip Country

29 33134

30 U.S.A.

3. Date Incorporated or Qualified

03/14/1995

3a. Date of Last Report

4. FEI Number

65 0564720

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

MORENO, NIOLIS A  
28722 S. DIXIE HIGHWAY  
MIAMI FL 33033

10. Name and Address of New Registered Agent

81 Name CHUNG AN PAN

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

83 2121 Ponce de Leon Blvd.  
Suite #405

84 City Coral Gables

FL

85 Zip Code 33134

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

*Chung An Pan*

president

5/29/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MORENO, NIOLIS A  
STREET ADDRESS 28722 S. DIXIE HIGHWAY  
CITY-ST-ZIP MIAMI FL 33033 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME CHUNG AN PAN

1.3 STREET ADDRESS 2121 Ponce de Leon Blvd., Suite 405  
1.4 CITY-ST-ZIP Coral Gables, Florida 33134

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*225.00

☐ 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:

*Chung An Pan*

Chung An Pan, President

5/2/96

(305) 446-0498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)