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 # P95000033046 (0)

1. Corporation Name

H & R MEDICAL CENTER, INC.

Principal Place of Business
2123 SW 27TH AVE
MIAMI FL 33145

Mailing Address
2123 SW 27TH AVE
MIAMI FL 33145

2. Principal Place of Business
21
Street Apt #, etc
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Apt #, etc
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: 04/27/1995
3a. Date of Last Report

4. FEI Number: 65-0575731 | 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

~~THE LAW FIRM OF LAWRENCE J. SPIEGEL~~
~~343 ALMERIA AVE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: Nestor Coronado
82 Street Address (P.O. Box Number is Not Acceptable): 7360 Coral way Ste. 21
83
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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] DATE 2-7-96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	QUIROGA, ROSA C	
STREET ADDRESS	2123 SW 27TH AVE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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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 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/ D Quiroga, Rosa C 2123 SW 27th Ave Miami, Fl 33145	☐ Change ☒ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. President / D Gutierrez, Jorge E. 1043 SW 117th Court Miami, Fl 33184	☐ Change ☒ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / D Gomez, Marta I 1043 SW 117th Court Miami, FL 33184	☐ Change ☒ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/ D Romero, Hector S 2401 SW 22nd Street Apt 1 Miami, Fl 33145	☐ Change ☒ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

14. I the undersigned, 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: [signature] 02/01/96 (305) 267-1092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)