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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000039026 (6)

| COLUMBIA MEDICAL MANAGEMENT COMPANY OF MIAMI, IN C.  Principal Piace of Business  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Middle 401  MIAMI FL 32145   |  |  |   |  | !<br>!  |  |                                      |                                       |                   |                        |   |  |
|--|--|--|---|--|---|--|--------------------------------------|---------------------------------------|-------------------|------------------------|---|--|
|  |  | _  |   |  |   |  | Date Incorpora<br>05/17/1995         | ted or Qualifie                       |                   | ate of Last<br>18/1990 |   |  |
| ·¬ .   | lace of Business   | <del> </del>                                       | 2a. Mailing Addres:                           | S  |   |  | El Number<br>65-058165               | 9                                     |                   | <b></b>                | Applied For                                 |  |
| Suite Apt.   | # etc.   | 20   | Suite, Apt. #, et                             | c.   |   |  |                                      | · · · · · · · · · · · · · · · · · · · |                   |                        | Not Applicable  Additional                  |  |
| 2  |  | 27   | 7   |  |   | 5. 0                                   | Certificate of S                     | atus Desired                          |                   |                        | Required                                    |  |
| City & State   | е  |  | City & State                                  |  |   | 6. [                                   | Election Camp                        | aign Financing                        | }                 | \$5.0                  | May Be                                      |  |
| 3  |  | 21   |   |  |   | <del></del>                            | frust Fund Cor                       |                                       |                   |                        | d to Fees                                   |  |
| Zip<br>4   | Countr   | · -  | Zip<br>a                                      | 30 Col   | intry   |  | This corporation<br>Florida Statutes | n has liability for                   | or intangible     |                        | r s. 199.032,                               |  |
| <u>•1</u>  | 25 25 Name and Addre   | ess of Current Rec                                 |   | 130  | <del>,</del>  |  |                                      | ress of New                           | _=                |                        |   |  |
| CUE  | STA, ROBERTO   |  |   |  | 81 Name   |  |                                      |                                       |                   |                        |   |  |
|  | CORAL WAY  |  |   |  | 82 Street Ad  | dd 70 (                                | Day North                            | r is Not Accep                        |                   |                        |   |  |
| -  | FE-401   |  |   |  |   |  | J. Box Numbe                         | AVE                                   | nable)            |                        |   |  |
|  | MI FL 33145~   |  |   |  | 83  | <u> </u>                               |                                      |                                       |                   |                        |   |  |
|  |  |  |   |  | 84 City   |  |                                      | <del></del>                           |                   | 85 Z                   | p Code                                      |  |
|  |  |  |   |  |   | A MI                                   |                                      |                                       | FL                | _   65   21            | p Code                                      |  |
| office or n<br>agent. La   | egistered agent, or both<br>m familiar with, and acc                               |  |   |  | u1es.<br>d Agent signature re   |  |                                      |                                       | DATE              |                        |   |  |
| office or n<br>agent. La<br>SIGNATURE<br>12.   | Signature, Iyoud or printed name   |  | title if applicable<br>RECTORS                | (NOTE: Registere   | d Agent signature re  | equired when re                        | einstating)                          | ANGES TO OF                           | DATE              | D DIRECT               |   |  |
| office or n<br>agent. La<br>SIGNATURE<br>112.  | Signature, type 3 or publied name C  | e of registered agent and<br>DEFICERS AND DIF      | title if applicable                           | (NOTE: Registere 13.   | d Agent signature re  | equired when re                        | einstating)                          |                                       | DATE              |                        |   |  |
| office or n<br>agent. La<br>SIGNATURE<br>12.<br>THE  | Signature, type of or printed name C D CUESTA, ROBERT                              | e of registered agont and<br>OF FICERS AND DIR     | title if applicable<br>RECTORS                | (NOTE: Registero  13. TE 1.1 Ti 1.2 N  | d Agent signature re<br>TLE<br>AME  | equired when re                        | einstating)<br>DDITIONS/CH           |                                       | DATE<br>FICERS AN | D DIRECT               |   |  |
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Apr 28 1997 8:00am

Secretary of State

Daytime Phone #