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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043972

1. Corporation Name

ASIA MEDICAL CENTER INC.

Principal P ace of Business Mailing Address							r idailabi tia iatai atti datti datti datti asaaa tivia latti jasa jari jasa
7821 CORAL WAY STE 132 MIAMI FL 33155 US		7821 CORAL WAY STE 132 Miami Fl 33155					DO NOT WRITE IN THIS SPACE
		US					3. Date incorporated or Qualifed 05/30/1995
2. Principal P	flace of Business	2a. Mailing Address					4. FEI Number Applied For
21		26					65-0353518 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country		Zip Coun		ntry		—-	8. This corporation owes the current year Intangible
24	25	29	30				Persor al Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Registers d Agent
0.15	RRIDO, CARLOS M JR.			81	Name	2	
782			82	Stree	t Acids	(Idress (P.O. Bo) Number is Not Acceptable)	
MIA	MI FL 33155			83			<u></u>
				84	City		FL 85 Zip Code
SIGNATUFE	Signature, typed or printed name of registered ager	rutto y				req ire	4 - 20 - '79 pi fred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOFS IN 12
TITLE	PD	☐ DELETE	1.1 TI	TLE		T	☐ Change ☐ Addition
NAME	GARRIDO, CARLOS M		1.2 N/	ME			
STREET ADDRESS	7500 SW 8 ST, #207		1.3 \$	REET	T ADDRES	s	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CI	TY-S	T-ZIP		
TITLE	T	☐ DELETE	2.1 TI	πE			Change Addition
NAME	MORALES, TERESA		2.2 N	AME			
STREET ADDRESS			2.3 \$	TREE?	T ADDRES	s	
_CITY_ST-ZIP _	MIAMI FL 33175				T-ZIP	- 	Change Addition
TITLE	VS	☐ DELETE					☐ Change ☐ Addition
NAME	GARRIDO-DUERO, ANA M		3.2 N				
STREET ADDRESS					TADDRES	s)	
CITY-ST-ZIP	MIAMI FL 33175				ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE					Shange
NAME	į		4. 2 N				
STREET ADDRESS					T ADDRES	s)	
CITY-ST-ZIP					T-ZIP	—	☐ Change ☐ Addition
TITLE		☐ DELETE					Change Addition
NAME			52 N		DODC^	_	
STREET ADDRESS					T ADDRES	٥ ا	
CITY-ST-ZIP		- nr. ere			T-ZIP	 	☐ Change ☐ Addition
TITLE		☐ DELETE	· I				☐ Change ☐ Addition
NAME			6.2 N	WE		1	

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Hereb / certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signalt re 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 recuired 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, with a other like empowered.

4-20-99 305-262-6846

Dayline Phone #

NAME

STREET ADDRE 3S

CITY-ST-ZIP