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FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000046280 (0)

1. Corporation Name

SUPREME MEDICAL & DIAGNOSTIC CENTER, INC.

Principal Place of Business

3007 NW 7TH STREET  
MIAMI FL 33125

Mailing Address

3007 NW 7TH STREET  
MIAMI FL 33125-4203



3. Date Incorporated or Qualified  
06/09/1995

3a. Date of Last Report  
05/02/1996

4. FEI Number  
65-0589111

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

~~PALACIOS, ALFONSO~~  
3007 NW 7TH STREET  
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name CARDENAS, FRANCISCO

82 Street Address (P.O. Box Number is Not Acceptable)  
3007 N.W. 7TH STREET

83

84 City MIAMI FL 85 Zip Code 33125

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. *Francisco Cardenas*

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME ~~PALACIOS, ALFONSO~~  
STREET ADDRESS ~~3007 NW 7TH STREET~~  
CITY - ST - ZIP ~~MIAMI FL 33125~~

TITLE VD ☐ DELETE  
NAME CARDENAS, FRANCISCO  
STREET ADDRESS 3007 NW 7TH STREET  
CITY - ST - ZIP MIAMI FL 33125

TITLE SD ☒ DELETE  
NAME ~~BARBERENA, MARTHA~~  
STREET ADDRESS ~~3007 NW 7TH STREET~~  
CITY - ST - ZIP ~~MIAMI FL 33125~~

TITLE TD ☐ DELETE  
NAME CATANS, HUGO  
STREET ADDRESS 3007 NW 7 ST.  
CITY - ST - ZIP MIAMI FL 33125

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

1.1 TITLE P.D. ☐ Change ☒ Addition  
1.2 NAME CARDENAS, FRANCISCO  
1.3 STREET ADDRESS 3007 N.W. 7TH STREET  
1.4 CITY - ST - ZIP MIAMI FL. 33125

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE SD ☐ Change ☒ Addition  
3.2 NAME CARDENAS, FRANCISCO  
3.3 STREET ADDRESS 3007 N.W. 7TH STREET  
3.4 CITY - ST - ZIP MIAMI FL. 33125

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby 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 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: *Francisco Cardenas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97 (305) 642-3700  
Date Daytime Phone #

CR2E034 (9/96)