## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

199**6** 

DOCUMENT # P95000062692 (5)
1. Corporation Name

FIRST CLASS MEDICAL CENTER INC.

FILED May 01 1996 8:00 am Secretary of State

	ss	Mailing Address				
976 E. 25TH ST. HIALEAH FL 33013		976 E. 25TH S HIALEAH FL 3				
					3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report
2. Principal Place of Bus	siness	2a. Mai⊧ng Addres	55		4. FEI Number	Applied For
21		26			65-0598099	
Suite, Apt. #, etc.		Suite, Apt. #, 6	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	nggar magadang kadas magadan dadakat kat kal 1888 sa da 1888 sa 1888 sa 1888 sa 1888 sa 1888 sa 1888 sa 1888 s	City & State	/		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	try	8. This corporation has liability for in	
24	25	29	30]		Florida Statutes	
g. Na	me and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered Agent
•			1	Name 1	Rogelio Kamos	
ramos, rogi			Ē	Street Add	iress (P.0. Box Number is Not Acceptable	e)
110 HIALEAH			يا	33	976 E. 25 ST	-
HIAL'EAH FL 3	3010			53	,	
	7 ····		Ē	34 City	HiBLEAH	FL 85 Zip Code
•	1	007.4500.51-1-1-	Ctat day the about		- ti a the state of a second few the second	and of changing its registered office
<ol> <li>Pursuant to the pro or registered agent.</li> </ol>	visions of Sections 607.0502 To both, In the State of Floric	fal Such change was a	Statutes, the above authorized by the co	ernamed corporrporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	intment as registered agent. I am
familiar with, and he	coupt the obligations of Secti	jah 607.0505, Florida S	itatutes.			ilia be
SIGNATURE: X K	Lam_	and a section of the section of	WIGHE Considered A	ggard, signacture requir	and whom reprotestion)	L/12/96
12.	ped a politati rame of registered agent. OF FICERS AND	·	13.	age it signed the rection	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
	SI DENT	[] DELE		LE		Change Addition
NAME ROG	ELIO RAHOS	<del></del>	1.2 NAN	JE.		
STREET ADDRESS 976	ELIO RAMOS 6 E. 25 ST.	- N - 1	1.3 STR	LET ADDRESS		
CITY-ST-ZIP HA	LEAH, FL. 33	0/3	1.4 CIT	Y-S1-71P		
TITLE		[7] DELE	TE 2 1 Til	ı F		
		L				Change Addition
NAME		<u></u>	2.2 NAM			Change Addition
NAME STREET ADDRESS		<u></u> 52				Change Addition
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		☐ DELE	2.3 STF 2.4 CfT	ME REET ADDRESS Y+ST+ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP TIFLE			2.3 STF 2.4 C(T TE 3.1 TIT 3.2 NA/	ME REET ADDRESS Y+ST+ZIP TLE		
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14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in section 118.07(3)M. Fide Statutes, furnished certify that the information indicated on this angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under coath, that I am an officer or director of the conforation 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 Chapter 1, if on an attachment with an address.

CICALATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

835-03/0