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 # P95000062928 (3)

1. Corporation Name

CHARITEE MEDICAL CENTER, INC.

Principal Place of Business

~~2809 BIRD AVE~~
~~#283~~
~~MIAMI FL 33133~~

Mailing Address

~~2809 BIRD AVE~~
~~#283~~
~~MIAMI FL 33133~~

3. Date Incorporated or Qualified: 08/15/1995

3a. Date of Last Report

4. FEI Number: 65-0601683 — 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 4750 N. W. 7th. St. #2
22 Suite, Apt. #, etc. Miami - Florida
23 City & State
24 Zip 33126. 25 County - Dade

2a. Mailing Address
4750 N.W. 7th. St,
27 Suite, Apt. #, etc. Suite #2,
28 City & State Miami - Florida
29 Zip 33126 30 Country U.S.A.

9. Name and Address of Current Registered Agent

GONZALEZ, JESUS A
2809 BIRD AVE
#283
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GONZALEZ, JESUS A	
STREET ADDRESS	2809 BIRD AVE #283	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP		☐ Change ☐ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP		☐ Change ☐ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do 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)(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: [signature] J. A. Gonzalez. Presi/Agent. 3/16/96 (305) 445-4930.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)