

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90013 003 \*\*\*150.00

DOCUMENT # P95000066977

1. Corporation Name

VICTORY MEDICAL CENTER INC.

Principal Place of Business

1545 SW 1ST  
STE 300  
MIAMI FL 33135  
US

Mailing Address

1545 SW 1ST ST. SUITE 200  
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1995

4. FEI Number

65-0613882

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 owes the current year Intangible  
Personal Property Tax. ☐ 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

LOPEZ, CARLOS A  
421 SW 21 RD  
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name Mariella Lopez Albear

82 Street Address (P.O. Box Number is Not Acceptable)  
780 NE 69th St SE 2509

83

84 City Miami

FL

85 Zip Code 33138

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LOPEZ, EMMA J  
STREET ADDRESS 2812 PRAIRIE AVE  
CITY-ST-ZIP MIAMI FL 33140

TITLE D  
NAME LOPEZ, MARIELLA  
STREET ADDRESS 2812 PRAIRIE AVE  
CITY-ST-ZIP MIAMI FL 33140

TITLE D  
NAME LOPEZ, CARLOS A  
STREET ADDRESS 421 SW 21 RD  
CITY-ST-ZIP MIAMI FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-99

Date

305-541-1650

Daytime Phone #

CR2E034 (1/98)