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

Mailing Address

MIAMI FL 33135

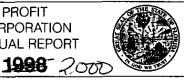
1545 SW 1ST ST. SUITE 200

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

1545 SW 1ST

STE 300



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P95000066977 (6) DOCUMENT

VICTORY MEDICAL CENTER INC.

DO NOT WRITE IN THIS SPACE **MIAMI FL 33135** 3. Date Incorporated or Qualified <u>08/28/1995.</u> 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 65:0613882 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LOPEZ, CARLOS A 421 SW 21 RD 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** 83 Zip Code 84 City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE TITLE 1.1 TITLE LOPEZ, EMMA J 1.2 NAME NAME 2812 PRAIRIE AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33140 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE LOPEZ, MARIELLA 2.2 NAME 2812 PRAIRIE AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33140 2. 4 CITY-ST-ZIP CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. 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, o

TITLE

NAME

TITLE

NAME

TITLE

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TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

LOPEZ, CARLOS A

421 SW 21 RD

MIAMI FL 33129

DELETE

DELETE

DELETE

DELETE

305-541-660 Daytime Phone # 0261755

Change

Change

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Addition

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Addition

FILED

Sep 12, 2000 8:00 am Secretary of State

09-12-2000 90017 038 ***550.00