

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1999.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P 95000070028
1. Corporation Name

PC MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

8100 West Flagler Street, Suite 101
Miami, FL 33144

REINSTATEMENT *alberto*

1996 NOV -6 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2a. Mailing Address

21 8100 West Flagler St.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 101

27 City & State

City & State

23 Miami

28 City & State

Zip

Country

Zip

Country

24 33144

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

9/12/95

4. FEI Number

Applied For

65-0607990

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CARMENZA MEZA

82 Street Address (P.O. Box Number is Not Acceptable)

8100 W. Flagler Street, Suite 101

83

84 City

Miami

FL

85 Zip Code

33144

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☒ DELETE
NAME ALBERTO PALACTO
STREET ADDRESS 817 W. 37th Terrace
CITY-ST-ZIP Hialeah, FL 33012

TITLE Director ☐ DELETE
NAME CARMENZA MEZA
STREET ADDRESS 6366 S.W. 15th Street
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Director/Pres/Sec ☒ Change ☐ Addition
2.2 NAME CARMENZA MEZA
2.3 STREET ADDRESS 8100 W. Flagler St., Suite 101
2.4 CITY-ST-ZIP Miami, FL 33144

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 500002005155-8
4.3 STREET ADDRESS -11/14/96-01106-016
4.4 CITY-ST-ZIP ***375.00 ***375.00

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

11/1/96

305-266-0145

CR0304 (3/96)