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

PROFIT CORPORATION ANNUAL REPORT

1998

MIAMI FL 33144

21

22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000070191 (8)

TUCKLER MEDICAL CENTER INC.

Principal Place of Business 8410 W. FLAGLER ST. #215-B

Country

9. Name and Address of Current Registered Agent

25

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

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8410 W. FLAGLER ST. #215-B MIAMI FL 33144

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

3. Date Incorporated or Qualified 09/08/1995

65-0613341 -

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

MIAMI FL 33144 B4 City FL St Zip Code	TUCKLER, ANTONIA				1101110					
11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Rorida Statutes. 11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Rorida Statutes. 12.	8410 W. FLAGLER ST. #215-B MIAMI FL 33144				Street Address (P.O. Box Number is Not Acceptable)					
TILE PROMINGO MD DELETE 21 TILE ST DELETE 21 TILE ST LORESS CITY-ST-ZIP MIAMI FL 33183 DELETE 22 NAME 33 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183 DELETE 31 STREET ADDRESS CITY-ST-ZIP DELETE 3 STREET ADDRESS CITY-ST-ZIP DELETE 4 STREET ADDRESS CITY-ST-ZIP DELETE 5 STREET ADDRESS CITY-ST-ZIP DELETE 4 STREET ADDRESS CITY-ST-ZIP DELETE 5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CI	,,,,,			83		<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u></u>		
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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 and affire it applicable. 12				84	City	Fi	L 85	ZIP Code		
12	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.									
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	SIGNATURE Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
NAME STREET ADDRESS 1390 SW 34 ST. 12 NAME 13 STREET ADDRESS 14 CMY-ST-ZIP 16 31 2 SW 76 th street							ID DIREC	TORS IN 12	2	
13901 SW 84 ST. 13901 SW 84 ST. 1335TREET ADDRESS 14 CITY-ST-ZIP 16312 SW 76 th street 163	TITLE	P	DELETE	1,1 TITLE			Char	nge 🔲 Ad	dition	
MAMI FL 33183	NAME	TUCKLER, DOMINGO MD		1.2 NAME		DOMESTICAL CONTRACTOR			- 1	
DELETE ST	STREET ADDRESS	13901 SW 84 ST.	i	1.3 STREET ADDRESS					- 1	
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CITY-ST-ZIP	NAME	TUCKLER, ANTONIA		2.2 NAME		1			.]	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP			6.4 CITY-S	T-ZiP				İ	
14. I hereby certify that the information supplied with this filling 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 agd accurate and that my signature shall have the same legal effect as if made under oath; that I am an										

Country

81 Name

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