04/25/97 10:58 FAX 8238555 CONSTRUCTION 001

APPROVED AND FILED

1997 JUN 23 AM 9:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 96-1997

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

DOCUMENT # P95000071191

1. Corporation Name: PAlmetto NORth HealthCenter, Inc.

Principal Place of Business / Mailing Address:
3750 W 16 Ave Suite 214
Hialeah, FL 33012

3. Date Incorporated or Qualified	9/14/95
3a. Date of Last Report	
4. FEI Number	58-2238586
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	
22 Suite, Apt. #, etc.	
23 City & State	
24 Zip	
25 Country	
2a. Mailing Address	
26	3750 W 16 Ave
27 Suite, Apt. #, etc.	214
28 City & State	Hialeah, FL
29 Zip	33012
30 Country	U.S.A.

9. Name and Address of Current Registered Agent

Elena De Socarraz
800 Douglas Road, 160 Building B
Coral Gables, FL 33134

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 [signature] DATE 4/20/97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT ☐ DELETE
NAME	Godinez, ARTURO
STREET ADDRESS	3750 W 16 Ave Suite 214
CITY-ST-ZIP	Hialeah, FL 33012
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

000002222610--4
-06/25/97--01067--004
****915.00 ****915.00

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

REINSTATEMENT 6/25/97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] Arturo Godinez 4/25/97 (305) 556-3003

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