SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $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 # P95000072590

1. Corporation Name

Ysol Medical Center Inc.

Principal Place of Business	Mailing Address
191 NW 97 Ave. Suite 513 Miami, Florida 33172	191 NW 97 Ave. Suite 513 Miami, Florida 33172

3. Date Incorporated or Qualified: September 20, 1995
3a. Date of Last Report: 1995
4. FEI Number: 75-0623405 ☐ 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 XX No

2. Principal Place of Business	2a. Mailing Address
21 191 NW 97 Ave	26 191 NW 97 Ave.
Suite, Apt. #, etc. 22 513	Suite, Apt. #, etc. 27 513
City & State 23 Miami , Florida 33172	City & State 28 Miami, Florida 33172
Zip 24 33172	Country 25 Dade
Zip 29 33172	Country 30 Dade

9. Name and Address of Current Registered Agent

Armando Delgado
5970 SW 12 St.
Miami, Florida 33144

10. Name and Address of New Registered Agent

81 Name: Armando Delgado
82 Street Address (P.O. Box Number is Not Acceptable): 191 NW 97 Ave.
83 Suite 513
84 City: Miami FL 85 Zip Code: 33172

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: Armando Delgado August 1, 1996
(Signature, typed or printed name of person signing) (Registered Agent's signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Secretary, Treasurer	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Armando Delgado		1.2 NAME	
STREET ADDRESS	191 NW 97 Ave.		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33172		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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-08/12/96--01041--008
***225.00

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: X Armando Delgado Armando Delgado August 1, 1996 305-261-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3/96)