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 (9)

1. Corporation Name

YSOL MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
~~5970 S.W. 12TH STREET~~ 2424 ~~MIAMI FL 33144~~ CORAL WAY Miami, FL 33145	~~5970 S.W. 12TH STREET~~ SAME. ~~MIAMI FL 33144~~

2. Principal Place of Business 21 2424 CORAL WAY	2a. Mailing Address 26 SAME.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 —
City & State 23 MIA., FL.	City & State 28 —
Zip 24 33145 Country 25 USA	Zip 29 — Country 30 —

3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report
4. FEI Number 65-0623405	☐ 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 ☒ No	

9. Name and Address of Current Registered Agent

~~DELGADO, ARMANDO~~
~~5970 S.W. 12TH STREET~~
~~MIAMI FL 33144~~

10. Name and Address of New Registered Agent

81 Name: ALFREDO DELGADO
82 Street Address (P.O. Box Number is Not Acceptable): 2424 CORAL WAY
83 /
84 City: MIAMI FL 85 Zip Code: 33145

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: Alfredo Delgado — 8/19/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☒ DELETE	1.1 TITLE	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	ARMANDO DELGADO		1.2 NAME	ALFREDO DELGADO	
STREET ADDRESS	6970 SW 12TH ST.		1.3 STREET ADDRESS	2424 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33144		1.4 CITY-ST-ZIP	MIAMI, FL 33144	
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	100001930871	☐ Change ☐ Addition
NAME			6.2 NAME	-08/23/96--01067--006	
STREET ADDRESS			6.3 STREET ADDRESS	***383.75	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfredo Delgado — 8/19/96 — 858-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050534 CP