

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

FILED

Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000073275 (6)

1. Corporation Name

HEALTH AUTHORITY MEDICAL CENTERS, INC.



Principal Place of Business

8450 S.W. 83RD STREET
MIAMI FL 33143

Mailing Address

8450 S.W. 83RD STREET
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1995

4. FEI Number

65-0616947

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 5741 BIRD ROAD

Suite, Apt. #, etc.

City & State

23 CORAL GABLES FL

Zip

24 33155

Country

25 USA

2a. Mailing Address

26 1500 SW 27 AVENUE

Suite, Apt. #, etc.

City & State

28 MIAMI FLORIDA

Zip

29 33145

Country

30 USA

9. Name and Address of Current Registered Agent

ELIAS, JOHN
15225 N.W. 77TH AVE.
SUITE 202
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name MANZANO, GERARDO
82 Street Address (P.O. Box Number is Not Acceptable)
1500 SW 27 AVENUE
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

Gerardo Manzano

Signature typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

2-13-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D WATSON, LUCINDA S
STREET ADDRESS 11503 N.W. 10TH ST.
CITY-ST-ZIP PEMBROKE PINE FL 33026

TITLE ☒ DELETE

NAME D STOCKSTILL, JEFFREY L
STREET ADDRESS 555 STORSTONE DRIVE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ DELETE

NAME D MANZANO, GERARDO
STREET ADDRESS 8450 S.W. 83RD ST.
CITY-ST-ZIP MIAMI FL 33143

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

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 D MANZANO, GERARDO
3.3 STREET ADDRESS 1500 SW 27 AVENUE
3.4 CITY-ST-ZIP MIAMI FL 33145

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

14. I 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:

Gerardo Manzano 2/2/98 Gerardo MANZANO

CR2E034 (10/97)