

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90188 033 ***150.00

DOCUMENT # P95000076989

1. Corporation Name
GARDEN MEDICAL CENTER, INC.

Principal Place of Business
2360 WEST 68TH ST.
SUITE 112
HIALEAH FL 33016

Mailing Address
2360 WEST 68TH ST.
SUITE 112
HIALEAH FL 33016



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1995

4. FEI Number
65-0616607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 13550 SW 88th St.

2a. Mailing Address
26 13550 SW 88th St.

Suite, Apt. #, etc.
22 # 120

Suite, Apt. #, etc.
27 # 120

City & State
23 Miami, Florida.

City & State
28 Miami, Florida.

Zip
24 33186

Zip
29 33186

Country
25 U.S.A.

Country
30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YEPEZ, RIGOBERTO J
15460 SW 88 LANE
#407
MIAMI FL 33193

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-05-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YEPEZ, RIGOBERTO J
15460 SW 88 LANE, #407
MIAMI FL 33183

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
VP
Sylvia Soto
10386 SW 11 Terrace.
Miami FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CABALLERO, ESTELA I
15460 SW 88 LANE, #407
MIAMI FL 33193

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-05-99

0287055

CR2E034 (1/98)