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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000081035

1. Corporation Name

V & V MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
4790 N.W. 7th Street Suite 104 Miami FL 33126	4790 N.W. 7th Street Suite 104 Miami, FL 33126

2. Principal Place of Business	2a. Mailing Address
21	28
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	26
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 6-23-95
3a. Date of Last Report:
4. FEI Number: 65-0625488 — 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

Rodolfo Hernandez
4750 N.W. 7th Street
Miami, FL 33126

10. Name and Address of New Registered Agent

31 Name: Saul Cimber, Esq.
32 Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road
33 Suite 2L
34 City: Miami Beach — FL — 35 Zip Code: 33139

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: Esq. Saul Cimber — 3-25-96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when changing. Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RODOLFO HERNANDEZ 4750 N.W. 7th Street Miami, FL 33126 ☒ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	PRESIDENT & SECRETARY RAUL MOYA 4790 NW. 7th St. Miami, FL 33126 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ROXANNA VILLACOBOS 4750 N.W. 7th Street Miami, FL 33126 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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

SIGNATURE: _____ 3-25-96
Signature and Type or Print Name of Individual Date Daytime Phone #

4/1/96