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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P95000094086 (2)**

1. Corporation Name

GRAND CANAL MEDICAL & THERAPY CENTER INC.

900001880259
-07/01796--01023--005
****233.75 ****233.75

Principal Place of Business	Mailing Address
85 GRAND CANAL DRIVE #207 MIAMI FL 33144	85 GRAND CANAL DRIVE #207 MIAMI FL 33144

3. Date Incorporated or Qualified: **12/12/1995** 3a. Date of Last Report:

4. FEI Number: 65-0658986 ~~P95000094086~~ ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 85 GRAND CANAL DR	26 SAME
22 Suite, Apt. #, etc. Suite 207	27 Suite, Apt. #, etc. SAME
23 City & State MIAMI FLA	28 City & State SAME
24 Zip 33144 25 Country U.S.A	29 Zip SAME 30 Country SAME

9. Name and Address of Current Registered Agent

COLLAZO, CATALINO
5780 S.W. 9 STREET
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: YOVANA de LA CRUZ
82 Street Address (P.O. Box Number is Not Acceptable): 9619 FOUNTAINEBLEAU BLV
83 ADT: 401
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: YOVANA de LA CRUZ PRESIDENT 6-3-96
Signature, typed or printed name of registered agent and title, if agent is a corporation (NOTE: Registered Agent signature required for electronic filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SOLER, ORLANDO 5780 S.W. 9 STREET MIAMI FL 33144	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT YOVANA de LA CRUZ 9619 FOUNTAINEBLEAU BLV. # 401 MIAMI, FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORENO, ARTURO 7218 TROUVILLE ISLANDS MIAMI BEACH FL 33141	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition TREASURY MAIVA MACHADO 9311 SW 42ST #111 MIAMI, FL 33174
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ARTURO MORENO 7218 TROUVILLE ISLANDS MIAMI Beach. FL 33141	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY MAIVA MACHADO 9311 SW 42ST #111 MIAMI, FL 33174
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 7/19/96

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: PRESIDENT YOVANA de LA CRUZ 6-3-96 305-265-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #