

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90010 033 \*\*\*555.00

DOCUMENT # **P96000004596** ✓

1. Corporation Name

**REAL MEDICAL CENTER, INC.**

Principal Place of Business

Mailing Address

3824 W. 16 AVE.  
HIALEAH FL 33012

3824 W. 16 AVE.  
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**VARGAS, LUIS HOLKON**  
6011 W. 24 AVE., APT. #106  
HIALEAH FL 33016

3. Date Incorporated or Qualified

**01/11/1996**

4. FEI Number

**65-0637894**

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **LUIS HOLKON-VARGAS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3824 W 16 AVENUE**

83

84 City **HIALEAH**

FL 85 Zip Code  
**33012**

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

**LUIS HOLKON-VARGAS, PRESIDENT**

**6-30-99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **VARGAS, LUIS HOLKON**  
STREET ADDRESS **1155 W 35TH PL**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VD** ☒ DELETE

NAME **LAURENTI, ESMERALDA R**  
STREET ADDRESS **1155 W 35TH PL**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **PD/M** ☐ Change ☐ Addition

1.2 NAME **LUIS HOLKON-VARGAS**  
1.3 STREET ADDRESS **3824 W 16 AVENUE**  
1.4 CITY-ST-ZIP **HIALEAH, FL, 33012**

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  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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:

**LUIS HOLKON-VARGAS**

**6-30-99 305-3640063**

CR2E034 (5/99)

JUN 30/1999

P96000004596  
588899-90010-33

ATTACHMENTS REGARDING BLOCKS 12 AND 13:

IN BLOCK 12

TITLE: PD

NAME: ~~VARGAS~~, LOIS HOLKON

STREET ADDRESS: 1155 W 35TH PL

CITY-ST-ZIP: HIALEAH FL 33012

THERE ARE CHANGES IN TITLE AND STREET ADDRESS.

THE NEW TITLE IS PD/M

THE NEW STREET ADDRESS IS: 3824 W 16 AVENUE

HIALEAH FL 33012

THESE CHANGES APPEAR IN BLOCK 13.

THE NAME VARGAS, LOIS HOLKON, IN BLOCK 12, ACTUALLY IS THE SAME PERSON NAMED: LOIS HOLKON-VARGAS, IN BLOCK 13. IN BLOCK 13 THE NAME HAS BEEN WRITTEN THE WAY IT SHOULD BE, FIRST: LOIS LAST: HOLKON-VARGAS (OR: HOLKON-VARGAS, LOIS)

IN BLOCK 12

TITLE: VD

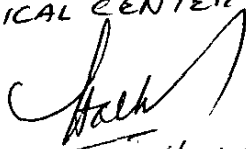
NAME: LAURENTI, ESMERALDA R

STREET ADDRESS: 1155 W 35TH PL

CITY-ST-ZIP: HIALEAH, FL 33012

THIS PERSON IS NO LONGER VD OR OFFICER AT THIS CORPORATION. THAT IS WHY THIS NAME HAS BEEN DELETED IN BLOCK 12

FOR FURTHER INFORMATION, PLEASE, CONTACT ME AT REAL MEDICAL CENTER, PHONE: 305-364 0063.  
SINCERELY,

  
LUIS HOLKON-VARGAS, M.D.  
PD/M