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

PROFIT **CORPORATION ANNUAL REPORT** 



Sandra B. Mortham

Sucretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000014399 (5)

SOLYMAR MEDICAL CARE CENTER, CORP.

**FILED** 

May 19 1997 8:00am

Secretary of State

			Address TH BAYSHORE DRIVE #1241 33131-2919							
							3. Date Incorporated or Qualified 02/15/1996	3a. Date of L	ast Repor	rt
2. Principal Place of	2a, Maili	2a, Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied	dFor	
11		26					65-0659415 Not App			plicable
Suite, Apt. #, etc.		27				, - 1	5. Certificate of Status Desired	ed S8.75 Additional Fee Required		
City & State		28	4 · • · · · · · · · · · · · · · · · · ·				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Cal		Cour	lry		8. This corporation has hability for i		der s. 199	9.032,
24	25 Name and Address of Cu	29	Agent	[30]			Florida Statutes  10. Name and Address of New Re	Yes No		
<del></del>	<del></del>		rigoni.		B1 Nar	 ne	IV, Manie and Address of New Ne	Augration whent		
SANCHEZ, MARISOL 825 SOUTH BAYSHORE DRIVE #1241				}			deens JDO. Dow Numbers in Not Appendiable			
MIAMI FL				B3 SUE	eet Address (P.O. Box Number is Not Acceptable)					
•				Ļ						
					<b>B4</b> City	ý		FI 85	Zip Code	0
office or register agent. I am fami		rate of Florida. Su	ich change was	authorized	by the o		ration submits this statement for the p n's board of directors. I hereby accep			
SIGNATURE Signature	c. lyped or printed name of registers	d agout and tille if apple	cable (NO	i. II: Hegistorad	Agent sign	ature required	when reinstating)			
12.		AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE Pr	resident.	vice .	DELETE	1.1 101		ļ		LJ Ch	ange [	Addition
NAME   M	Arisal SAM	chez		1.2 NAI		.05				
OUT OT TO 10	55. BAYS	horeDı.	#1241		ELT ADDRE Y-S1-ZIP	22				
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NAME	, .	- 07 0,		2.2 NA	ΜE					
STREET ADDRESS				2 3 518	HET ADDRE	ss				
CITY-ST-ZIP	One change		Tourse		Y - \$1 - 74P					T 6 1727
NAME J	resident ictor A. H	lineal	DETE	3.1 T/L 3.2 NA				] Ch	ange L	Addition
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NAME				4. 2 NA	ME		•			
STREET ADDRESS					EET ADDRE	SS				
CITY-ST-ZIP			DILETE		Y-S1-71P			Ch	2000	Addition
TITLE NAME			E.J DECEN	5.1 TiT 5.2 NAI				الله الــا	ungo L	, AUUUUUI
STREET ADDRESS					vic (FE L'ADORE	ss				
CITY-ST-ZIP					Y-ST-ZIP					
TITLE			DELETI	61111				[] Ch	ange [_	Addition
NAME				62 NA	M[	-				
STREET ADDRESS				63 516	ILET ADDRE	SS				
CITY-ST-ZIP				64.0/1	Y-SI-7IP	1				

14. I do hereby certify that the information supplied with this filling 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 eath; 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.