**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**
**AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)**

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

FILED
97 OCT -6 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000021816 (9)**

1. Corporation Name
**NEW TECH MEDICAL CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1918 S.W. 57 AVENUE<br>MIAMI FL 33155 | 1918 S.W. 57 AVENUE<br>MIAMI FL 33155 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1996
3a. Date of Last Report:

| | |
|---|---|
| 2. Principal Place of Business<br>21: 5757 sw 85 st | 2a. Mailing Address<br>26: PO BOX 557189 |
| Suite, Apt. #, etc.<br>22: 115 | Suite, Apt. #, etc.<br>27: 1 |
| City & State<br>23: Miami FL | City & State<br>28: Miami FL |
| Zip / Country<br>24: 33144 25: Dade | Zip / Country<br>29: 33255-718 30: Dade |

4. FEI Number: 65-0647863 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| COUCEIRO, LUIS E<br>1918 S.W. 57TH AVE.<br>MIAMI FL 33155 | 81 Name: Juan Hernandez<br>82 Street Address (P.O. Box Number is Not Acceptable): 5757 SW 85st ste 115<br>83<br>84 City: Miami FL 85 Zip Code: 33144 |

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PVST | ☒ DELETE | 1.1 TITLE | Juan Hernandez PVST | ☒ Change ☐ Addition |
| NAME | COUCEIRO, LUIS E | | 1.2 NAME | | |
| STREET ADDRESS | 1918 S.W. 57TH AVE. | | 1.3 STREET ADDRESS | 5757 sw85st ste 115 | |
| CITY-ST-ZIP | MIAMI FL 33155 | | 1.4 CITY-ST-ZIP | Miami FL 33144 | |
| TITLE | D | ☒ DELETE | 2.1 TITLE | Juan Hernandez D | ☒ Change ☐ Addition |
| NAME | COUCEIRO, LUIS E | | 2.2 NAME | | |
| STREET ADDRESS | 1918 S.W. 57TH AVE. | | 2.3 STREET ADDRESS | 5757 sw85st ste 115 | |
| CITY-ST-ZIP | MIAMI FL 33155 | | 2.4 CITY-ST-ZIP | Miami FL 33144 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | 600002316526--3 | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | -10/09/97--01104--007 | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | ****550.00 ****550.00 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (4/97)

14. I do 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 _____ 10-5-97