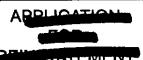
## PLEASE READ ALL INSTRUCTIONS BEFORE COM





## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name
ROSA MEDICAL CENTER INC.

P96000029011
NTER INC. 9742
Magadiress

Principal Place of Business

8330 SW 9 STREET ---

\_\_\_8330 SW 8 STREET MIAMI FL 33144 FILED
Oct 27 1997 8:00 am
Secretary of State



If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
2. New Pri ツ <b>ワタ</b> 2	Inclpal Office Address, If Applicable				corporated or Qualified Business in Florida 04/03/1996		
Sulte, Apt.		Suite, Apt. #	etcite	116	5. FEI Number	·	Applied For
City & State City & State Min			·				Not Applicable
<sup>Zip</sup> 33	155 Country S.A.	Zip 3315		Country Ll.S.A.	6. CERTIFICATE		Additional Fee required ra Certificate of Status
7. Names	and Street Addresses of Each Officer and/	or Director (Fig	orlda nonprofit	corporations must list at lea		T	
Title(s)	Name of Officers and/or Directors			Officer and/or Director	r .	City / State / Zip	
PD				AL WAY, SUITE #116		MIAMI FL 33155	
				<u>-</u>		000023404518 -11/06/9701085006 ****165.00 ****165.00	
						a mani	
-						10/27	-197
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Ageht		
- WAMI FL 33144				7821 Suite, Apt. #, Etc	Street Address (P.O. Box Number is Not Acceptable)  7821 CORAL WAY  Suite, Apt. #, Etc.  City A State   Zip Code		
10. I, being	appointed the registered agent of the abo	ove named corp	oration, am far	YYI	IAMI obligations of Secti	FL	33155
Signature o Registered	Agent X U V V	GISTERED AC	SENT MUST S	SIGN		Date 10-27-	.97
	is c <mark>or</mark> poration owes or ha angible Personal Proper				No 🗌		for information jible tax.)
this rein	that I am an officer or director or the receinstatement application, the reason for dissory the corporation have been paid and the propioation between the corporation of the corporatio	olution has beer names of Individ	n eliminated, th duals listed on	ne corporate name satisfies this form do not qualify for	the requirements an exemption un	of section 607.0401 or 617.04	01, F.S., that all fees

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-265-2339

Date

Mon. 10-27-999,242

Wis. Amy Allen

As per our conversation today I - Am writing you this letter to explain that we never received the renewal notice For the ANNUAL Report, because it was mailed to the wrong address.

I Apologize FOR this inconvenience, and appreciate the help you can give we with the processing of this application.

Sincerely of

Aulo askipto R.S. I Am enclosing My business eard AND ik At ANY time you need any help or info, in the Miami AREA, please don't hesitate to eall