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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045493 (9)

APPROVED AND FILED

97 APR 30 PM 12: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLAGLE	R MEDICAL CENTER, INC.	• • •				HiAH
Principal Place	e of Business	Mailing Address		T CONTINUE HE INTERNATIONAL SCHOOL OF THE CONTRACT OF THE CONT	(04) \$1111 BIAIN 141#B	i NATO ARTO
9613 S.W. 117TH COURT 9613 S.W. 117TH COURT MIAMI FL 33196 2717						
				3. Date Incorporated or Qualified 3a. 05/29/1996	Date of Last Re	port
— <u>ን</u> ንንስለ	2. Principal Place of Business 2300 CORAL WAY 28 2300 CORAL			4. FEI Number	h	olied For
Suite, Apt.		Suite, Apt. #, etc.	· , <del>1 </del>	65-0679910	\$8.75 A	Applicable
- AVITON # 000		27 SUITE # 200		5. Certificate of Status Desired	Fee Req	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
		28 MIAMI FLORIDA	Country	Trust Fund Contribution	Added to	
Zip 3314	5 Country US	<sup>Zip</sup> 33145	Country US.	8. This corporation has liability for intangi	ble tax under s.	199.032,
	9. Name and Address of Curre			10. Name and Address of New Registers		
	RIDA ANNUAL REPORT SERVIC	CES, INC.	81 Name			
	O CORAL WAY		82 Street Add	dress (P.O. Box Number is Not Acceptable)	<del></del>	
MIA	MI FL 33145		83			
			84 City	F	85 Zip C	Į.
11. Pursuant	to the provisions of Sections 607.050	and 607. 508, Florida Statutes,	the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its	registered
agent La	egistered agwirzpr down, in trajbyri ri familiar with alad agzept the oblig	pyons of Section 607.0505, Florid	a Statutes.	ation's board of directors, I hereby accept the t	ippombnent as n	agistered
SIGNATURE	$\times$ $\times$ $\times$ $\times$ $\times$ $\times$	AMADA AMADA	CANTERA LOPI	EZ.PRES 7/23	192	
12,	Signature, typical v pointed name of registered ag	ent and title # applicable (NOTE: R	agistered Agent algnature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 12
Tifut	PD	☐ DELETE	1.1 TITLE	100002163	Change	D7 5.00
NAME	ALVAREZ, JUAN U	•	1.2 NAME	1 UUUUG 16: -0\$/02/97	010740	07
STREET ADDRESS	9631 S.W. 117TH CT.		1.3 STREET ADDRESS	****165.00	****16!	š.00
CITY-ST-ZIP	MIAMI FL 33186 SVD	☐ DELETE	1.4 CITY - ST - ZIP		☐ Change	Addition
TITLE NAME	ALVAREZ, RAFAEL	C DELETE	2.1 TITLE 2.2 NAME		C Cusulto	CT Montout L
STREET ADDRESS	9631 S.W. 117TH CT.		2.3 STREET ADDRESS			
C11Y+\$1+7IP	MIAMI FL 33186		2 4 CITY-ST-ZIP			
TITLE	, , , , , , , , , , , , , , , , , , ,	☐ DELETE	31 TITLE		Change	Addition
MEME.			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
#HY+\$1-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
· NAME		<u></u>	4. 2 NAME		emin Action	
STREET ADDRESS			4 3 STREET ADDRESS			
CUTY-S1-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change	Addition
NAM!		•	5.2 NAME	M (a)		
STREET ADDRESS			5.3 STREET ADDRESS	W 1415		İ
CITY-SI-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	<i>-</i> \$'	Change	Addition
NAME		hand Disperse	6.2 NAME	`	- Sumilia	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - S1 - ZIP			6.4 CITY-ST-ZIP			
14. I do heret	by certify that the information supplies indicated on this agreed report of	ed with this filing does not qualify f	or the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I fur at my signature shall have the same legal effec	ther certify that the	he ler nath: that

I. 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 anyial 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 is 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 is if changed, or open attachment with an address.

SIGNATURE:

MANATURE AND TYPES OF PRINTED WAME OF SIGNING DEFICER OF DIRECTOR

Date Davi

Daytime Phone #