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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600060750 1. Corporation Name

COMMUNITY HEALTHCARE CENTER OF MIAMI, INC.

Principal Place of Business
11990 NE 163RD ST., STE 201

Mailing Address

12000 BISCAYNE BLVD., STE 509

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90102 019 ***150.00



2. Principal Place of Business 2a Mailing Address 2. File Number Applied For Suite, Apt. #, etc. Sui	NORTH MIAMI	BEACH FL 33162	NO. MIAMI FL 33181			DO NOT WRIT	re in this	SPACE	:	
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Suite, Apt. #, efc. 2 27 5. Certificate of Status Desired \$8.175 Additional Fees Required 27 Fees Required 27 5. Certificate of Status Desired \$5.00 May Be Addition 28 29 20 20 20 30 30 30 30 30	2. Principal Pl	ace of Business	2a. Mailing Address						Applie	d For
City & State	21		26			65-0680464		<u>_</u>	Not Ap	plicable
City & State	Suite, Apt.	#, etc.	<u> </u>			5. Certifcate of Status Desired		7		I .
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9. Name and Address of Current Registered Agent LEIGHT, PAUL J 12000 BISCAYNE BLVD., STE 509 NORTH MIAMI FL 33181 11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered degent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named of directors. I hereby accept the obligations of the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named of directors. I hereby accept the obligations of the purpose of changing its registered agent. I am familiar with, and accept the obligations of.	23		28			Trust Fund Contribution		Add	ded to Fo	es
9. Name and Address of Current Registered Agent 19. Name 19. Name and Address of New Registered Agent 19. Name 1	Zip	r—, *		_ ·	,	,	ent year Inta			
LEIGHT, PAUL J 12000 BISCAYNE BLVD., STE 509 NORTH MIAMI FL 33181 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, and accept the obligations of, Section 607 0505. Florida Statutes, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agents required when necessary agent required when ne	24			0			Panistared (NO
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD/S LEIGHT, PAUL J STREET ADDRESS CITY-ST-ZIP TITLE 12000 BISCAYNE BLVD., STE 509 NORTH MIAMI FL 33181 14 CITY-ST-ZIP TITLE 12 CHange Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE 12 CHANGE 13 STREET ADDRESS CITY-ST-ZIP TITLE 13 STREET ADDRESS CITY-ST-ZIP TITLE 14 STREET ADDRESS CITY-ST-ZIP TITLE 15 CHANGE 16 STREET ADDRESS CITY-ST-ZIP TITLE 16 CHANGE 17 ST-ZIP TITLE 17 CHANGE 18 STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHAN	SIGNATURE	Slangture, byted or printed name of registered agent	ant and title if applicable (NOTE: R	egistered Age	nt signature require	ed when reinstating)	DATE			— í
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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, with all other like empowered.

SIGNATURE: BUL PROPERTY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305) 89/-3895 Daytime Phone #

ZE034 (11/90)