

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000073665 (7)

1. Corporation Name

COMMUNITY MEDICAL CENTER INC.

Principal Place of Business

1574 W. 68 ST.
HIALEAH FL 33014

Mailing Address

1574 W. 68 ST.
HIALEAH FL 33014

FILED

97 AUG 12 AM 8:20

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1996 3a. Date of Last Report Feb-96

4. FEI Number 65-0164975 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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 Name and Address of Current Registered Agent

ARMANDO, PEREZ
1574 W. 68 ST.
HIALEAH FL 33014

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE P
NAME PEREZ, ARMANDO
STREET ADDRESS 1574 W. 68 ST.
CITY-ST-ZIP HIALEAH FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

[Handwritten signature]

CR2E034 (4/97)



**Medic Services Foundation IME, Corp.
DBA: CENTRO MEDICO COMUNITARIO
Community Medical Center**

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HEADQUARTER
1574 W. 68 Street
Hialeah, Florida 33014
(305) 557-3889 / (305) 557-9350

August 6, 1997

To: Division of Corporations,
Annual Report Section
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

This is my **second notice** to you in reference to my application and the enclosed amount. On **July 20, 1997** I received the enclosed application stating "**second notice**, total amount due \$550.00." I called that day and spoke to Jody and he told me that the applications stating that information were sent by error and that they were in the process of sending memos to those who received it. He also told me to send the original amount of \$165.00 with a letter of explanation attached to it.

I received the application and the check back today with the enclosed letters. I called and spoke to Andy and he told me to send everything back again with this letter attached to it explaining that it is **impossible** to have sent this application by May 1997 if I had received it on **July, 1997. I have never received a first notice.**

Please accept the enclosed original amount which is the **logical** one.

Thank you,

Armando A. Perez
PRESIDENT