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FILED

Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000080801 (9)

1. Corporation Name  
SOMIRE HEALTH CENTER, INC.



Principal Place of Business  
8932 NW 148 ST.  
MIAMI FL 33016

Mailing Address  
8932 NW 148 ST.  
MIAMI FL 33018-7312

3. Date Incorporated or Qualified 09/30/1996  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0699876

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, SONIA  
1361 NW 24 AVE.  
MIAMI FL 33125

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 of the person named in Block 9 and Block 10, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME DIAZ, SONIA

1.2 NAME

STREET ADDRESS 1361 NW 24 AVE.

1.3 STREET ADDRESS

CITY- ST- ZIP MIAMI FL 33125

1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE DVS ☐ DELETE

2.1 TITLE

NAME MOJENA, MIREYA

2.2 NAME

STREET ADDRESS 8932 NW 148 ST.

2.3 STREET ADDRESS

CITY- ST- ZIP MIAMI FL 33016

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIREYA MOJENA

3-5-97

(5) 863-2003

CR2E034 (9/96)