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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080830

'M. B. C. MEDICAL CENTER, INC.

Principal Place of Business

110 HIALEAH DR.

HIALEAH FL 33010

Mailing Address

110 HIALEAH DR. HIALEAH FL 33010

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90017 010 ***150.00



					DO NOT WRITE IN TH	IS STACE	
					3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address			09/30/1996		
21		26			4. FEI Number		Applied For
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.	<u>·</u>		<u>65-069</u> 7014	H	Not Applicable
1991			3.		5 Cortiforto of Status B	\$8.7	5 Additional
City & Sta	ate	27			5. Certifcate of Status Desired	Fee	Required
23		City & State	7		6. Election Campaign Financing		
Zip	Country	28			Trust Fund Contribution	\$5.0	00 May Be
24	Country	Zip	Coun	itry	8. This corporation owes the current year la	Adde	ed to Fees
24 29 9. Name and Address of Current Registered Agent				30 Personal Property Tax.			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	☐ Yes	No
. REC	CI, MIRIAM	•		81 Name	the reduced of New Registered	Agent	
110 HIALEAH DR.			ļ.,		<u> </u>		
		8	Street Add	dress (P.O. Box Number is Not Acceptable)			
MIAI	LEAH FL 33010		-	33		, ,, ,,	
•			"	~	自然 电自通路 自然原	1 , 1 5	
			8	4 City		1000	74 4 1 7
11. Pursuant	t to the provisions of Cartier 207 a			'	EI		Code .
office or r	registered agent, or both, in the Stat	502 and 607.1508, Florida Statut	es, the abo	ve-named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accent the appear	- '	
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505. Flo	iuthorized b	y the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment as	ts registered registered
SIGNATURE							-5.510,00
40 .	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	Registered Ag	ent signature require	ed when reinstating)	į	
12.	OFFICERS A	AND DIRECTORS	13.	- Ingristato regulit			
TITLE	PD	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN		
NAME	HERNANDEZ, JULIO C		1.2 NAME			Change	Addition
STREET ADDRESS	110 HIALEAH DR.		1 -			i	
CITY-ST-ZiP	HIALEAH FL 33010			ET ADDRESS		. ′	
TITLE		☐ DELETE	1.4 CITY- 8	ST-ZIP			1
NAME		C Detele	2.1 TITLE				Addition
STREET ADDRESS			4	1	•	: Change	
			2.2 NAME		·	☐ Change	
			_	T ADDRESS	·	Change	
CITY-ST-ZIP			2.3 STREE	- 1	•	Change	
CITY-ST-ZIP		☐ DELETE	_	- 1			
CITY-ST-ZIP TITLE VAME		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE	- 1		Change	☐ Addition
CITY-SI-ZIP TITLE NAME		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 STREE 2.4 C(TY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ST-ZIP TADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S	ST-ZIP TADDRESS			
CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE	ST-ZIP TADDRESS			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S	ST-ZIP TADDRESS		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS			2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE	T ADDRESS		Change	☐ Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP		Change	☐ Addition
CITY-ST-ZIP TITLE WAME STREET ADDRESS CITY-ST-ZIP TITLE MAME TREET ADDRESS ITY-ST-ZIP TITLE			2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE IAME TREET ADDRESS ITY-ST-ZIP TITLE AME AME		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST	T ADDRESS ST-ZIP		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IAME ITREET ADDRESS STY-ST-ZIP TITLE AME TREET ADDRESS		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP ADDRESS 1-ZIP		Change	Addition
CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE IAME TREET ADDRESS ITY-ST-ZIP TITLE AAME TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS ST-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS		Change	Addition
CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE IAME TREET ADDRESS ITY-ST-ZIP TITLE AME TREET ADDRESS		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS		Change	Addition
CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	T ADDRESS ST-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS		Change	Addition
CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE AME TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP ADDRESS ADDRESS -ZIP		Change Change	Addition Addition
CITY-ST-ZIP TITLE IAME ITREET ADDRESS ITY-ST-ZIP TITLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP LE MME		☐ DELETE	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	T ADDRESS ST-ZIP ADDRESS -ZIP ADDRESS		Change Change	Addition Addition

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report of supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with a particle.