

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Feb 10 1998 8:00am  
Secretary of State

DOCUMENT # P96000087028 (2)

1. Corporation Name

GOLDA MEIR PULMUNARY REHAB CLINIC CENTER, INC

Principal Place of Business

123 DOUGLAS ROAD #3  
CORAL GABLES FL 33135

Mailing Address

123 DOUGLAS ROAD #3  
CORAL GABLES FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

65-0719156

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

2. Principal Place of Business

21 3990 W. FLAGLER ST

Suite, Apt. #, etc.

22 304

City & State

23 MIAMI - FL

Zip

24 33134-1644

Country

25 U.S.A

2a. Mailing Address

26 P.O. BOX 65-3541

Suite, Apt. #, etc.

27

City & State

28 MIAMI - FL

Zip

29 33265-3541

Country

30 U.S.A

9. Name and Address of Current Registered Agent

AROCHA, FRANK  
11410 SW 47TH ST  
MIAMI FL 33165

10. Name and Address of New Registered Agent

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

DP/5

NAME

AROCHA, FRANK

STREET ADDRESS

11410 SW 47TH ST

CITY - ST - ZIP

MIAMI FL 33165

TITLE

~~DS~~

☒ DELETE

NAME

~~FERNANDEZ, ADRIAN~~

STREET ADDRESS

~~3075 NW 3RD ST~~

CITY - ST - ZIP

~~MIAMI FL 33125~~

TITLE

~~DS~~

☒ DELETE

NAME

~~FERNANDEZ, ADRIAN~~

STREET ADDRESS

~~3075 NW 3RD ST~~

CITY - ST - ZIP

~~MIAMI FL~~

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

DP/5

1.2 NAME

AROCHA, FRANK

1.3 STREET ADDRESS

11410 S.W. 47TH ST.

1.4 CITY - ST - ZIP

MIAMI - FL 33165

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE: X FRANK AROCHA 2/6/98 461-6020

CR2E034 (10/97)