

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 # P96000104342

1. Corporation Name
PINES MEDICAL CENTER, INC.

Principal Place of Business

2301 N. UNIVERSITY DR.
STE. 202
PEMBROKE PINES FL 33024

Mailing Address

2301 N. UNIVERSITY DR.
STE. 202
PEMBROKE PINES FL 33024

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

23
Zip Country

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City & State

28
Zip Country

9. Name and Address of Current Registered Agent

MONIoudis, PERRY D
4520 NE 18TH AVENUE
SUITE 101
FT. LAUDERDALE FL 33334

*NEW Address
Same registered
Agent*

81 Name

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

315 S.E. 7th street

2ND FLOOR

83 City

FT. Lauderdale

85 Zip Code
FL 33301

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.

(NOT a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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