

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99

DOCUMENT # P97000042672

1. Corporation Name
EAST WEST MEDICAL CENTER, INC.

Principal Place of Business
5915 CRYSTAL VIEW DRIVE
ORLANDO FL 32819

Mailing Address
5915 CRYSTAL VIEW DRIVE
ORLANDO FL 32819

3. Date Incorporated or Qualified
05/14/1997

4. FEI Number
59-3446989

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SONNENSCHNEIN, MICHAEL D PA~~
~~105 EAST ROBINSON STREET~~
~~SUITE 311~~
~~ORLANDO FL 32801~~

81 Name
MAI, MARY T
82 Street Address (P.O. Box Number is Not Acceptable)
5915 CRYSTAL VIEW DR
83
84 City
ORLANDO, FL
85 Zip Code
32819

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 MARY T. MAI NGUYEN DATE 10/25/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MAI, MARY T	
STREET ADDRESS	5915 CRYSTAL VIEW DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

4. 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: (Signature) DATE: 09/10/99 DAYTIME PHONE #: (407) 846-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR