


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

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90003 006 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000054514**  
 Corporation Name  
**WEST-DIXIE MEDICAL CENTER, INC.**

Principal Place of Business 13 SOUTH DIXIE HIGHWAY WEST POMPANO BEACH FL 33069	Mailing Address 703 SOUTH DIXIE HIGHWAY WEST POMPANO BEACH FL 33069
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/19/1997</b>	4. FEI Number <b>65-0764624</b>	Applied For Not Applicable
Suite, Apt. #, etc.	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
Zip	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Country	29	9. Name and Address of Current Registered Agent		
	30	10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent  
**LAVENTURE, YVES M**  
**703 SOUTH DIXIE HIGHWAY WEST**  
**POMPANO BEACH FL 33069**

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

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE ME REET ADDRESS Y-ST-ZIP	CEO LAVENTURE, YVES M DR 4122 INVERRARY BLVD LAUDERHILL FL 33019	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
LE ME REET ADDRESS Y-ST-ZIP	BM LOPEZ, LOUIS 3298 N.W. 4 CT POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
LE ME REET ADDRESS Y-ST-ZIP	BM MINILAS, JACQUES 611 N.E. 3 AVE., APT. 2 POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

*Handwritten notes:*  
 - Change to 18742 N.W. 89th Ave, Hialeah, Fla 33018  
 - Managing Director  
 - MARI E LAVENTURE  
 - 18742 N.W. 89th Ave  
 - HIALEAH, Florida, 33018

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, with all other like empowered.

SIGNATURE: **YVES M. LAVENTURE, D.O. 9/1/99.** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (1/198)