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FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000056744 (0)

1. Corporation Name
SOLTMAN MEDICAL CENTER INC.

Principal Place of Business
**820 SOLTMAN AVENUE
 FT. PIERCE FL 34950**

Mailing Address
**820 SOLTMAN AVENUE
 FT. PIERCE FL 34950**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1997

2. Principal Place of Business
 21 **117 N. 5th St.**
 Suite, Apt. #, etc.

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

4. FEI Number
65-0767147
 Applied For
 Not Applicable

22 City & State
FT. PIERCE, FL.

27 City & State
FT. PIERCE, FL.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip
34950

28 Zip
34950

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**RAVANI, DAMARYS
 820 SOLTMAN AVENUE
 FT. PIERCE FL 34950**

10. Name and Address of New Registered Agent
 81 Name **MAURY C. DODSON**
 82 Street Address (P.O. Box Number is Not Acceptable)
117 N. 5th St.
 83
 84 City **FT. PIERCE** FL 85 Zip Code **34950**

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 *Maury Dodson*

Signature of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
 NAME **JORGE RAVANI**
 STREET ADDRESS **2420 JERNIGAN RD**
 CITY-ST-ZIP **FT. PIERCE, FL. 34945**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
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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

11 TITLE ☐ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
 62 NAME
 63 STREET ADDRESS
 64 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 *Maury Dodson* **1998/07/08 11:07:31**

CR2E034 (10/97)