

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

FILED
Sep 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000066406 (4)

1. Corporation Name

WESTCHESTER MEDICAL [REDACTED], INC.

Transcription

Principal Place of Business

Mailing Address

8920 S.W. 34 STREET
MIAMI FL 33165

P.O. BOX 65-0404
MIAMI FL 33625-0404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

605-0847287

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 8920 S.W. 34 Street

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

Zip

24 33165

Country

25 Dade

2a. Mailing Address

26 P.O. Box 65-0404

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

Zip

29 33625-0404

Country

30 Dade

9. Name and Address of Current Registered Agent

CABRERA, EVELYN
8920 S.W. 34 STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Evelyn Cabrera

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

84 8920 S.W. 34 ST

City

85 Miami

FL

86 Zip Code

33165

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

Evelyn Cabrera

Evelyn Cabrera

4/20/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

4.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Rolando A. Cabrera
8920 S.W. 34 Street
Miami, FL 33165

Ref: [Signature]

8-14-98

000002632010

-09/04/98--01047--023

***150.00

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: Evelyn Cabrera Evelyn Cabrera 4/20/98 33625-0404

CR2E034 (10/97)