

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

FILED
Feb 20 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 # **P97000067931**
1. Corporation Name
HOLLYPINES MEDICAL CENTER, P.A

Principal Place of Business 18223 PINES BLVD PEMBROKE PINES FLA 33029	Mailing Address
---	-----------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES 24 33029 25 BROWARD	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 FLA 29 33029 30 BROWARD
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified AUGUST 4th, 1997	4. FEI Number 65-0772020	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		

9. Name and Address of Current Registered Agent
SERGIO RODRIGUEZ
18223 PINES BLVD
PEMBROKE PINES FLA 33029

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

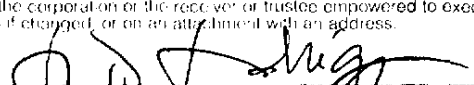
12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT SERGIO RODRIGUEZ 18223 PINES BLVD PEMBROKE PINES FLA 33029	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURE ALTAGRACIA VICTORIA 18223 PINES BLVD PEMBROKE PINES FLA 33029	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT FAUSTO CASTILLO 18223 PINES BLVD	☒ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VICEPRESIDENT FAUSTO CASTILLO - DELETE	☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	CORPORATION'S ADDRESS: OLD: 6691 PEMBROKE RD PEMBROKE PINES FL 33023	☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	NEW: 18223 PINES BLVD PEMBROKE PINES FL 33029	☐ Change ☒ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	800002435878 -02/20/98--01014--016 ***158.75	☐ Change ☐ Addition

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:  01/05/98 (954) 450-2883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)