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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 / Mailing Address

18223 PINES BLVD
PEMBROKE PINES FLA 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: AUGUST 4th, 1997

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

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SERGIO RODRIGUEZ 18223 PINES BLVD ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition VICEPRESIDENT FAUSTO CASTILLO - DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE ALTAGRACIA VICTORIA 18223 PINES BLVD PEMBROKE PINES FLA 33029 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition CORPORATION'S ADDRESS: OLD: 6691 PEMBROKE RD PEMBROKE PINES FL 33023
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT FAUSTO CASTILLO 18223 PINES BLVD ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition NEW: 18223 PINES BLVD PEMBROKE PINES FL 33029
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition JS 2/20/98
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002435878 -02/20/98--01014--016 ***158.75

CR2E034 (10/97)

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 PERSON SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #