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 — 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

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

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

JS 2/20/98

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

CR2E034 (10/97)