

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000086882

1. Corporation Name

AMERICAN CARIBBEAN MEDICAL CENTER CORP.

Principal Place of Business

4101 NW 4 ST., STE 101  
PLANTATION FL 33317

Mailing Address

4101 NW 4 ST., STE 101  
PLANTATION FL 33317

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90020 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number

65-0786782

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

*Lance W F James*  
Signature, typed or printed name of registered agent and title if applicable.

LANCE W F JAMES

2/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
MANGRA, BASIL MD  
STREET ADDRESS 4101 NW 4 ST., STE 101  
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE  
NAME V  
JAMES, LANCE  
STREET ADDRESS 4101 NW 4 ST., STE 101  
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE  
NAME S  
THELWELL-JAMES, SHARRIE-ANN  
STREET ADDRESS 4101 NW 4 ST., STE 101  
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE  
NAME T  
MANGRA, MAGDALENA W  
STREET ADDRESS 4101 NW 4 ST., STE 101  
CITY-ST-ZIP PLANTATION FL 33317

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  
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

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, with all other like empowered.

SIGNATURE:

*Lance W F James*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANCE W F JAMES

2/20/99

Date

Daytime Phone #

954-322-7444

CR2E034 (11/98)