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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90260 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000001737

1. Corporation Name

BERTREN'S DIAGNOSTIC MEDICAL CENTER, INC.

Principal Place of Business
1212 NORTHWEST 79TH STREET
MIAMI FL 33147

Mailing Address
1212 NORTHWEST 79TH STREET
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1998

4. FEI Number

65-0812117

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

33147

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 Octavious L. Hines

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

Octavious L. Hines

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE TD ☒ DELETE
NAME HINES, LOTTIE M
STREET ADDRESS 1212 NORTHWEST 79TH STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE P ☐ DELETE
NAME GORDON, BERTREN A
STREET ADDRESS 1212 NORTHWEST 79TH STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE V ☐ DELETE
NAME HINES, MARY
STREET ADDRESS 1212 NORTHWEST 79TH STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE S ☐ DELETE
NAME HINES, MARTHA
STREET ADDRESS 1212 NORTHWEST 79TH STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE Edwin C. Mitchell ☒ DELETE
NAME TD
STREET ADDRESS
CITY-ST-ZIP

TITLE ADRIAN T. HINES ☒ DELETE
NAME member
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Members ☐ Change ☒ Addition
1.2 NAME Vanessa S. Reid
1.3 STREET ADDRESS 7160 NW 107th
1.4 CITY-ST-ZIP Dealeah, Fla. 33015

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME Edwin C. Mitchell
2.3 STREET ADDRESS 2750 Sunset Dr. apt T115
2.4 CITY-ST-ZIP Lauderdale Lakes Fla 33311

3.1 TITLE MEMBER, TD ☐ Change ☒ Addition
3.2 NAME ADRIAN T. HINES
3.3 STREET ADDRESS 2750 Sunset Dr. apt T115
3.4 CITY-ST-ZIP Lauderdale Lakes Fla 33311

4.1 TITLE DIRECTOR of Pagan ☐ Change ☒ Addition
4.2 NAME LOTTIE M. HINES
4.3 STREET ADDRESS 7631 NW 17th Ave
4.4 CITY-ST-ZIP MIAMI Fla 33147

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)