PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

2a. Mailing Address

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90095 007 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

06/10/1998 4. FEI Number

<u></u>		
DOCUMENT # P98  1. Corporation Name  ALL MED MEDICAL CENTER.		
Principal Place of Business	Mailing Address	i Mibildel tid (Biët (Bitt dort) anti donte bater uten trock ditte seine beine filter
2100 W. 68 ST. HIALEAH FL 33016	2978 S.W. 5TH ST. MIAMI FL 33135	OC NOT WOITS IN THE SPACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	T	Additional equired		
22	27							
City & State	City & State		-	Election Campaign Financing     Trust Fund Contribution     Added to Fees				
Zip Country	Zip Country			8. This corporation owes the current year Intangible				
24 25	29 30			Personal Property Tax.				
9. Name and Address of Current I	Registered Agent			10. Name and Address of New F	Registered Agent			
		81	Name					
RODRIGUEZ, JOSE L		82	Stroot Addre	ss (P.O. Box Number is Not Accepta	thie)			
2978 S.W. 5TH ST.		62 Street Address (F.O. Box Holliger is Not Acceptable)						
MIAMI FL 33135		83	···	· · · · · · · · · · · · · · · · · · ·				
					las las	C-40		
· :		84	City		FL 85 Zip	Code		
the subject of changing its registered								
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-handed corporation stories that statement for the purpose of changing in Fogulation office or registered agent, or both, in the State of Florida. Such change which are determined 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 507,505, Florida Statutes.								
agent. I am familiar with, and accept the obligate	NC 01, SECTION OUT SHOW, FAUNDA	a 3121111CS.		4	12/05	J		
SIGNATURE Signature, Now or printed name of registered agent a	of Maria Discontinuo Richard Records	cistered Agent	signature required	when reinstating)	DATE			
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 12		
me Director	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition		
NUE Frie L Roduline	2	1.2 NAME						
		1.3 STREET	ADORESS					
- / 12 23.40	~	1,4 CITY-ST				J		
TITLE	☐ DELETE	2.1 TITLE			☐ Change	Addition		
NAME		2.2 NAME						
de la company de		2.1 STREET	LINDERS -					
STREET ADDRESS		2.4 CITY-ST						
CITY-ST-ZIP	☐ DELETE	3.1 TITLE			☐ Change	Addition		
NAME		3.2 NAME	ļ			<b>.</b>		
<b>i</b> . ,		3.3 STREET	ADDRESS .	<u>-</u> -	_			
STREET ADDRESS	',	3.4. CITY-ST			-			
CITY- ST-ZDP	☐ DELETE	4.1 TITLE	· <del></del>		☐ Change	Addition		
NAME	<u> </u>	4.2 NAME		-		ŀ		
		4.3 STREET	MORESS			- 1		
STREET ADDRESS		4.4 CITY-ST-	-			1		
CITY-ST-ZIP	☐ DELETE	5.1 TITLE	<u>u</u>	······································	Change	Addition		
TITLE	beat.4	5.2 NAME		•		_		
NAME		5.3 STREET	LOORESS			1		
STREET ADDRESS	· .	5.4 CITY-ST			•	ļ		
CITY-ST-ZIP	☐ DELETE	6.1 TITLE	-		Change	Addition		
11162	T pere is	6.2 NAME						
NAME			, WODESE  -			ł		
STREET ADDRESS		6.3 STREET	i i	•				
CITY-ST-ZIP	11 min 11	6.4 CITY-ST		ection 119 07/3Vi) Florida Statutes I	further eastiful that the	information		

I hereby ceruly that the information supplied with this filing does not quality for the exemption space 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.