

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90201 033 ***150.00

DOCUMENT # P98000085922

1. Corporation Name

HOLLYPALM MEDICAL CENTER, P.A. INC.

Principal Place of Business

6691 PEMBROKE RD.
PEMBROKE PINES FL 33024

Mailing Address

6691 PEMBROKE RD.
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

65-0868843

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 6691 Pembroke Road

2a. Mailing Address

26 6691 Pembroke Road

Suite, Apt. #, etc.

22 Suite 5-B

Suite, Apt. #, etc.

27 Suite 5-B

City & State

23 Pembroke Pines, Fl.

City & State

28 Pembroke Pines, Fl.

Zip

24 33023-2141

Country

Zip

29 33023-2141

Country

9. Name and Address of Current Registered Agent

COELLO, BELKIS
1400 S.W. 110TH WAY
DAVE FL 33324

10. Name and Address of New Registered Agent

81 Name

BELKIS COELLO

82 Street Address (P.O. Box Number is Not Acceptable)

3001 SOUTH OCEAN DRIVE,

83

APT. 7R

84 City

HOLLYWOOD

FL

85 Zip Code

33019

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

04/12/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME COELLO, BELKIS
STREET ADDRESS 1400 S.W. 110 WAY
CITY-ST-ZIP DAVE FL 33324 ☐ DELETE

TITLE TD
NAME RODRIGUEZ, SERGIO
STREET ADDRESS 1275 N.W. 170TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 President/Secretary ☐ Change ☐ Addition
1.2 NAME COELLO, BELKIS
1.3 STREET ADDRESS 3001 S.Ocean Drive Apt. 7-R
1.4 CITY-ST-ZIP Hollywood, Fl. 33019

2.1 TITLE Director/ Treasurer ☒ Change ☐ Addition
2.2 NAME Luisa Terrero
2.3 STREET ADDRESS 4715 N.W. 2nd Court
2.4 CITY-ST-ZIP Plantation, Fl. 33317

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
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
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

BELKIS COELLO, PRESIDENT 04/12/99

Date

Daytime Phone #

CR2E034 (11/98)

0142347