**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90244 007 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000091746

1. Corporation Name

SOUTH CORAL MEDICAL CENTER INC.

Principal Place of	f Business	Mailing Address			1 (68)1621 (cm 1816) 12(1) 9631 9831 98311	
1378 CORAL WAY		1378 CORAL WAY				
MIAMI FL 33145 MIAMI FL 33145					DO NOT WRITE IN T	THIS SPACE
					3. Date Incorporated or Qualifed	,
	•				10/28/1998	
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		,	65-0872559	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	Country	28 Zin	Col	intry	Trust Fund Contribution	
Zip	Country	Zip	30	iii y	This corporation owes the current year     Personal Property Tax.	Yes No
24	9. Name and Address of Currer	29 29 Agent	[30]	T	10. Name and Address of New Registe	
	Trans and Address of Carter	itagiotorou riga		81 Name	<del></del>	
MONTE	ESINO, BARBARA B			On Chron	t Address (D.O. Boy Number is Not Acceptable)	
1378 CORAL WAY				82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI	FL 33145			83		
	•			84 City		85 Zip Code
	, · · · · · · · · · · · · · · · · · · ·					FL
office or regi	istered agent, or both, in the State	of Florida. Such change was	s autnorize	a by the cor	d corporation submits this statement for the purpos poration's board of directors. I hereby accept the a	ppointment as registered
agent. I am I	Y.	ations of, Section 607.0505, I	-lorida Sta	utes.		
agent. I am I SIGNATURE Sig	gnature, typed or printed name of registered age	ations of, Section 607.0505, F	TE: Registere	utes.	a required when reinstating) DAT  ADDITIONS/CHANGES TO OFFICER	E
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6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

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 of 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 changes or or an attachment with an address, with all other like empowered. SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR

Change

☐ Addition