

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**  
 05-10-1999 90268 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT #** P98000098836 ✓OK  
 1. Corporation Name  
 PAHOKEE MEDICAL CENTER, INC.

Principal Place of Business Mailing Address  
 133 S. Lake Ave. 133 S. Lake Ave.  
 Pahokee, FL 33476 Pahokee, FL 33476

DO NOT WRITE IN THIS SPACE  
 3. Date incorporated or Qualified  
 11/24/98

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

4. FEI Number Applied For  
 65-0884335 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

9. Name and Address of Current Registered Agent  
 Benjamin R. Metsch  
 Metsch & Metsch, PA  
 1385 NW 15th Street  
 Miami, Florida 33125

10. Name and Address of New Registered Agent  
 81 Name Alfredo Omar Rodriguez  
 82 Street Address (P.O. Box Number is Not Acceptable) 133 S. Lake Ave.  
 83  
 84 City Pahokee FL 85 Zip Code 33476

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 607.0506, Florida Statutes.  
 SIGNATURE *Alfredo Rodriguez* DATE 4/30/99

12. OFFICERS AND DIRECTORS

| TITLE         | NAME                   | STREET ADDRESS     | CITY-ST-ZIP            | DELETE                   |
|---------------|------------------------|--------------------|------------------------|--------------------------|
| P, V, S, T, D | Alfredo Omar Rodriguez | 133 S. Lake Avenue | Pahokee, Florida 33476 | <input type="checkbox"/> |
| TITLE         | NAME                   | STREET ADDRESS     | CITY-ST-ZIP            | DELETE                   |
| TITLE         | NAME                   | STREET ADDRESS     | CITY-ST-ZIP            | DELETE                   |
| TITLE         | NAME                   | STREET ADDRESS     | CITY-ST-ZIP            | DELETE                   |
| TITLE         | NAME                   | STREET ADDRESS     | CITY-ST-ZIP            | DELETE                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   | Change                   | Add                      |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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 in an attachment with appendices, with all other like empowered.

SIGNATURE: *Alfredo Rodriguez* DATE: 4/30/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR