FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000097657** JEMS MEDICAL CENTER, INC. 01-19-2000 90095 016 ***150.00 Mailing Address Principal Place of Business 8768 SW 8TH STREET 8768 SW 8TH STREET MIAMI FL 33174-3201 MIAMI FL 33174 801685 2. Principal Place of Business n 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALDES, ARMANDO Street Address (P.O. Box Number is Not Acceptable). 8768 SW 8TH STREET **MIAMI FL 33174** City Zip Code 8. The above named entity subr rpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE t and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition **PSD** ☐ Change TITLE Delete TITLE VALDES, ARMANDO MARKE NAME STREET ADDRESS 8768 SW 8TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with/an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-00

Davtime Phone #

CR2E034 (9/99)