## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996			DIVISION OF CORPORATIONS			NS				
DOCUI	MENT #	S04885	(7)							
PEME	BROKE MEDICA	AL CENTER, INC.								
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Principal Place of Business Mailing Address										
7189 PEMBROKE RD.			7189 PEMBROKE RD.							
PEMBORKE PINES FL 33023			PEMBORKE PINES FL 33023							
							3. Date Incorporated or Qualified	3a. Oate	of Las	L Report
							10/04/1990			/1995
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		<u> </u>	Applied For	
Suite, Apt. e	# etc	26	Suite, Apt. #, etc.				65-0269144		[	Not Applicable
22	, die.	27	Soile, Apr. #, etc.				5. Certificate of Status Desired			75 Additional ee Required
City & State			City & State			6. Election Campaign Financing	7.7		.00 May Be	
23		28					Trust Fund Contribution			ded to Fees
Zip 24	Cοι <b>25</b>	· ' ⊢¬	Zip	Cou	ntry		8. This corporation has liability for i	-	unde	s 199.032,
		29 dress of Current Regis	stered Agent	30			Florida Statutes Yes  10. Name and Address of New R	□ No		····· ···· · · · · · · · · · · · · · ·
					81	Name	10. Name and Address of New A	egistereu A	gent	<del></del>
TORRES, J. RAMON					62	Street Add	Iress (P.O. Box Number is Not Acceptab	Lak		
	EMBROKE RD.		į		Street Aug		( <del>U</del> )			
PEMBA	ROKE PINES FL 3	3023			83					
				j	84	City			85	Zip Code
11. Pursuant to	o the provisions of Se	ections 607.0502 and 60	7 1508 Florida Statute	es the above		amed corno	wat on a depoil to this etatemport for the	FL	1 1	
or registere familiar witi	ed agent, or both, in h, and accept the ob-	the State of Florida, Suci ligations of Section 607	n change was authorize 0505 - Florida Statutes	ed by the c	orpc	iration's boa	ration submits this statement for the pur ard of directors. Thereby accept the appoint	pintment as r	egister	ed agent. I am
SIGNATURE	•									
12.	Signature, typed or printed na	one of regettere Lagran and the if	ayyidadk (NO		Agun	signature require	od wher reinstating	DATE		
TITLE	PD	OFFICENS AND DIREC	DELETE	13.	 I • F	- <b>.</b>	ADDITIONS/CHANGES TO OFFI		DIREC Chang	
NAME	TORRES, J. F	RAMON		1.2 NA				L	Chang	e 🔲 Walairani
STREET ADDRESS	7189 PEMBR					ADDRESS				
CITY-ST-ZIP	PEMBROKE F	PINES FL		1.4 C÷I	Y-ST	· ZiP				
TITLE	STD	NE D	☐ DELETE	2 1 Jul	LE				Chang	e 🔲 Addition
NAME STREET ADDRESS	TORRES, JOS 7189 PEMBRO			2 2 NA						
CITY-ST-ZIP	PEMBROKE F					DDRESS				
TITLE	, Empriorie i		DELETE	2 4 CIT 3 1 TJI	•	ZIP			Chang	e 🔲 Addition
NAME			<del></del>	32 NA				L	Crid ig	Ausion
STREET ADDRESS				33 ST	REET,	ADDRESS				
CITY - ST - ZIF				3.4 CIT	Y - ST	- ZIP				
TITLE NAME			☐ DETELE	4 1 117					Chang	e 🔲 Addition
STREET ADDRESS				4 2 NAI		DEGGG				
CITY-ST-ZIP				4.3.51F		DDRESS				
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NAME				5 2 NA!	Μέ			_		
STREET ADDRESS				5 3 STF	EŁ I A	DORESS				ļ
CITY-ST-ZIF			ED DOLLAR	5 4 CI1		ZIP				
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STREET ADDRESS				6 2 NAM 6 2 S 10		non ee				
CITY-ST-ZIP						DORESS 710				
14 Ldo boroby	codify that the inform			6.4 CI!	3	LIF				

4. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3/k). 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 this 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 9549831221