

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S24378**

(9)

1. Corporation Name

**CENTRO MEDICO ASSOCIATES INC.**



Principal Place of Business

**2322 W. FLAGLER STREET  
MIAMI FL 33135**

Mailing Address

**2322 W. FLAGLER STREET  
MIAMI FL 33135**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt., Bldg.

26

State, Apt., Bldg.

22

City & State

27

City & State

23

Zip

County

28

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

**ASTENCIO, MYLENE  
2322 W. FLAGLER STREET  
MIAMI FL 33135**

3. Date Incorporated or Qualified

**01/02/1990**

3a. Date of Last Report

**02/16/1995**

4. FEI Number

**65-0229769**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 199.07(2) and 199.1508, 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 hereby withdrawing and accepting the provisions of Section 607.0609, Florida Statutes.

SIGNATURE

*[Signature]*

**PRESIDENT**

to the highest Agent of the corporation existing

**1/10/96**

12. OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

14. I do hereby certify that the information supplied in this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information declared 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. 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 of changes, or on the attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/96 (305) 541-7601**

CR2E034 (12/95)