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May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 33135-1525

2. Principal Place of Business

21 1900 CORAL WAY

Suite, Apt. #, etc.

22 303

City & State

23 MIAMI, FLORIDA

Zip

24 33145

Country

25 USA

2a. Mailing Address

26 1900 CORAL WAY

Suite, Apt. #, etc.

27 303

City & State

28 MIAMI, FLORIDA

Zip

29 33145

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/02/1990

3a. Date of Last Report

02/29/1996

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

9. Name and Address of Current Registered Agent

ASTENCIO, MYLENE
2322 W. FLAGLER STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name ASTENCIO, MYLENE

82 Street Address (P.O. Box Number is Not Acceptable)
1900 CORAL WAY

83 SUITE 303

84 City MIAMI

FL

85 Zip Code

33145

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 607.0505, Florida Statutes.

SIGNATURE MYLENE ASTENCIO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

TITLE P

NAME ASTENCIO, MYLENE
STREET ADDRESS 18751 NW 77TH CT
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE V

NAME GANDARA, SALVADOR A.
STREET ADDRESS 18751 NW 77TH CT
CITY-ST-ZIP MIAMI FL

☐ 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME ASTENCIO, MYLENE
1.3 STREET ADDRESS 18800 NW 77TH CT
1.4 CITY-ST-ZIP MIAMI, FL 33145

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME GANDARA, SALVADOR A.
2.3 STREET ADDRESS 18800 NW 77TH CT
2.4 CITY-ST-ZIP MIAMI, FL 33145

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 by an attachment with an address.

SIGNATURE

4/29/97

CR2E034 (9/96)