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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # S24378

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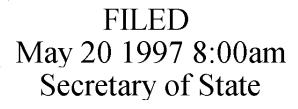
CENTRO MEDICO ASSOCIATES INC.

Principal Place of Business

2322 W. FLAGLER STREET

Mailing Address

2322 W. FLAGLER STREET MIAMI EL 33135-1525





| | | · 1 . | 3. Date Incorporated or Qualified 01/02/1990 | 3a. Date of Last Re 02/29/1996 | iport |
|---|---|--------------------------------|---|--|---------------------|
| 2. Principal Place of Business 21 1900 CORAL WAV | 2a. Mailing Address | 1022 | 4. FEI Number | | plied For |
| Sulte, Apt. #, etc. | 26 1900 COQAL 1 Suite, Apt. #, etc. | ung | 65-0229769 | | Applicable |
| 22 309 | 27 308 | | 5. Certificate of Status Desired | □ \$8.75 A Fee Red | |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 | |
| 23 MIANI, FLORIDA | 28 MIAMI, TA | OPIDA | , , , | Added to | |
| Zip Country | 7 p | Country | 8. This corporation has liability for | · | |
| 24 99145 26 USA | | 0 U.S.A | Florida Statutes | ☐ Yes 🔀 No | |
| 9, Name and Address of C | urrent Registered Agent | 04] Name | 4 | egistered Agent | |
| ASTENCIO, MYLENE 2322 W. FLAGLER STREET | | | ASTENCIO, MYLEN | | |
| MIAMI FL 33135 | | 82 Street | Address (P.O. Box Number is Not Accepta | ble) | |
| MILWII TE 03103 | | · leal | · · · · · · · · · · · · · · · · · · · | ······································ | |
| | | : [<u>"</u> 5 | VITE BOS | | |
| | | 84 City | Nipui: | FL 85 Zip C | ode, |
| 11. Pursuant to the provisions of Sections 60. | 7.0502 and 607.1508. Florida Statutes | the above-named | convoration submits this statement for the | nurpose of changing its | registered |
| office or registered agent, or both, in the agent. I am familiar with, and accept the | State of Florida, Such change was autobligations of Section 607,0505, Florida | horizon by to com | oration's board of directors. Thereby acce | pt the appointment as r | egistered |
| | SPENCIO | XIIIII | met | 4/20/00 | |
| Signature, typed or printed name of register | | tegistered Agent signature | required when clinstating) | DATE | |
| | S AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS | 3 IN 12 |
| TITLE P | ☐ DELETE | 1.1 TOLE | P | Change | ☐ Addition |
| NAME ASTENCIO, MYLENE STREET ADDRESS 18751 NW 77TH CT | | 1.2 NAME | ASTENCIO, MYLENE | • | |
| LHALM FI | | 1.3 STREET ADDRESS | 18800 NW 7774 81 | _ | |
| CITY-ST-ZIP MIAMI FL TITLE V | DELETE | 1.4 CITY - \$1 - ZIP | MINNI, 76 38143 | 5.27 61 | |
| NAME GANDARA, SALVADOR A. | | 2.1 TITLE | La con Carpena | Change Change | Addition |
| STREET ADDRESS 18751 NW 77TH CT | | 2.2 NAME 2.3 STREET ADDRESS | GANDYEN STATE | A. | |
| CITY-ST-ZIP MIAMI FL | | 2.4 CITY-ST-ZIP | HERENEY, MYCENE 18800 NW TIN GT 1910MI, FL 39145 Wansaca Galago 18800 ND TIN CT 1910MI, FL 20145 | | |
| THEE | DELETE | 3.1 TITLE | 1/1441/12 | Change | Addition |
| NAME | | 3.2 NAME | | LJ Silango | <u></u> |
| STREET ADDRESS | | 33 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 34, 001Y-ST-ZIP | | | |
| TITLE | ☐ DELETE | 4 1 TOLE | | ☐ Change | ☐ Addition |
| NAME | | 4. Ż NAME | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 4.4 CHY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | Change | ☐ Addition |
| NAME | | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | Floreste | 5.4 CITY - ST - ZIP | | | |
| TITLE | LJ DELETE | 6.1 TITLE | | ☐ Change | Addition |
| NAME CZOCCZ ADDOCCO | | 6.2-NAME | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP 14. I do hereby certify that the information sup | police with this filing does not availed | 6.4 CITY-S1-ZIP | leted in Section 110 07/2Vi). Elevide State | on I further eastiful their it | ha |
| information indicated on this annual repor | rt or supplemental annual report is true | e and accurate and | that my signature shall have the same log | es, i turther certify that the all effect as if made unde | ਾਦ er oath; tha! |
| appears in Block 12 or Block 13 if change | on or the recover or trustee empowers w on a lattachment with an addre | ea to execute this r ess. | I that my signature shall have the same log report as required by Chapter 607, Florida | Statules; and that my na | ime |