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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

DOCUMENT # **S39258** (6)

1. Corporation Name
EBENEZER MEDICAL SERVICES, INC.



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



Principal Place of Business 2150 N.W. 135TH STREET MIAMI FL 33167		Mailing Address 2150 N.W. 135TH STREET MIAMI FL 33167-1458	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 03/18/1991		3a. Date of Last Report 04/04/1996	
4. FEI Number 65-0250858		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 ARTHUR, GWENDOLYN 2150 N.W. 135TH STREET MIAMI FL 33167		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	

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		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ARTHUR, GWENDOLYN 2150 NW 135TH STREET MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY- ST- ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY- ST- ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY- ST- ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY- ST- ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY- ST- ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	☐ Change ☐ Addition

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 is stated 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 or person 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:

Gwendolyn Arthur, Gwendolyn Arthur 3/17/97 (305-688-4827)

CR2E034 (9/96)