## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

**FILED** Feb 25 1998 8:00am Secretary of State

SANTA	MONICA MEDICAL CENTER	R, INC.		I INCHINA NU DIDIR HARIN CHIK MOHA HIDI BARH A	iden distri debil kidir debir 1871:
Principal Place		Mailing Address		A TORRIBOR IN BIBLE SIGN BIRTH BEIDE HER BIRTH	ifit fiftt finit minit billit ifft
5380 PALM AVENUE HIALEAH FL 33012		5380 PALM AVENUE HIALEAH FL 33012			
WE MOVE 70613-E48.57 1			HINLEAH	DO NOT WRITE IN THIS	S SPACE
•	•		330 / 3	3, Date Incorporated or Qualified 04/01/1991	ì
2. Principal P	lace of Business	2a, Mailing Address	77077	4, FEI Number	Applied For
21 6/3	-E 49-5t	26 SA M	NE-613-E.	65-0258720	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 49-54		a. Certificate of Status Desired	Fee Required
City & State		City & State	ر بر المار الم	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 / / / A C E	Country	Trust Fund Contribution  8. This corporation owes or has paid the contribution	Added to Fees
24 33 6	) 13 25 DADE	29 33013	30 DADE	Personal Property Tax due June 30.	Yes 🔲 No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
MARFA, GONZALO B. B1 Name					
				ess (P.O. Box Number is Not Acceptable)	
HV	ALEAH FL 33012		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	s, the above-named corp	oration 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					
12.	Signature: typed or printed hand of registered agen OFFICERS AND		Registered Agent signature require 13.	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	PD	DELETE	1.1 DIFLE	ADDITIONS/CHANGES TO OTTICERS AF	Change Addition
NAME	MORFA, GONZALO B		1.2 NAME		
STREET ADDRESS	5380 PÁLM AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		t
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY- ST-ZIP		Change Addition
NAME		€ been	3 1 TITLE 3 2 NAME		C 2150180 C VODIGOTI
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		·
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP	11 to 11	
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME		<i>bicit</i>	6.2 NAME		C Sucrigo C Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	artiful that the information currented out	to the files done not much fee		D4 440 07/04/) FI-3 04-4 4 14	OF ALLES TO THE STATE

I 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 informatio 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 employered 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.

GNATURE:

GNATURE:

**SIGNATURE:**