

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1994</b>		FLORIDA DEPARTMENT OF STATE Jrn Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name <b>SAN JOSE MEDICAL CENTER, INC.</b>	<b>DOCUMENT #</b> <b>S82904 (1)</b>
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Mailing Address <b>2140 WEST FLAGLER STREET MIAMI FL 33135</b>	Principal Place of Business <b>2140 WEST FLAGLER STREET MIAMI FL 33135</b>
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DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.		3. Date Incorporated or Qualified <b>09/23/1991</b>	3a. Date of Last Report <b>04/14/1993</b>
2. Mailing Address 21	2a. Principal Place of Business 26	4. FEI Number <b>05-0200895</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
City & State 23	City & State 28	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DIAZ, JULIO C.</b> <b>2140 WEST FLAGLER STREET</b> <b>MIAMI FL 33135</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P</b>	1.2 NAME <b>DIAZ, JULIO C.</b>	1.1 TITLE	
1.3 STREET ADDRESS <b>2140 W FLAGLER STREET</b>	1.4 CITY - ST - ZIP <b>MIAMI FL</b>	1.2 NAME	
2.1 TITLE	2.2 NAME	1.3 STREET ADDRESS	
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	
3.1 TITLE	3.2 NAME	2.1 TITLE	
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	2.2 NAME	
4.1 TITLE	4.2 NAME	2.3 STREET ADDRESS	
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	
5.1 TITLE	5.2 NAME	3.1 TITLE	
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	3.2 NAME	
6.1 TITLE	6.2 NAME	3.3 STREET ADDRESS	
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability if non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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 by the entity that I have fulfilled all obligations concerning and unmet properly approved by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
(SIGNATURE) AND PRINTED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR