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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

Frank Control (1)

97 MAY 13 PH 3: 07

BELLE GLADE MEDICAL CENTER, INC.				SECRETARY OF STATE	
		- 1			
Principal Place	of Flusinase	Mailing Address	,	- I TOOK BILLING FILE FILE FILE FILE FILE FILE FILE FILE	ITA 1164 BIBI) KIBII BIBIK DIBAT BIBIT BIBIT IBBI
15A WEST CANAL ST. 15A WEST CANAL ST.					
	IDE FL 33430	BELLE GLADE FL 334			
				3. Date incorporated or Qualified	3a. Date of Last Report
				3. Date Incorporated or Qualified 12/31/1991	3a. Date of last Report 06/10/1995
	ace of Business	2a. Mailing Address		4. FEI Number 65-0331230	Applied For
21		26	······································	00 000 1200	Not Applicable
Suite, Apt. 4	F, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	}	City & State		6. Election Campaign Financing	\$5.00 Mey Re
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ziρ	Country	8. This corporation has liability for	
24	25 g. Name and Address of Current		30	Florida Statutes Yes 10. Name and Address of New F	No
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		r uedioraren vilorir	81 Name	10. Harro and Address of New 1	o grando Agent
	BERTO V. RUIZ	ጥ	82 Street Addre	oss (P.O. Box Number is Not Acceptat	(A)
	5 A WEST CANAL SELLE GLADE FL 3	3430	Street Addre	ass (r.o. box number is not Acceptat	
L. I∙	EFFE GUADE LE 2	3430	83		
			84 City	. ,,,,,,,,,,,,,,,,,,	85 Zip Code
	N	- 1007 - 00 E - 44 O - 14		all a submited this statement for the pur	FL Sep Codes
or register	o the provisions of Section: 607.0502 ed agent, or both, in the state of Florid th, and accept the obligations of. Secti	and 607/150er Florida Statutes la. Suan change was authorized	the above-named corporation is board by the corporation is board	d of directors. I hereby accept the app	ointment as registered agent. I am
	in, and accept the obligations of. Section of the Control of the C	on 607.0505, Florida Statutes.			0-22-92
SIGNATURE _	Signature, typext or printed game of registered agent	and little if (uplication). (NOTE	Registered Agent signature required	when reinstating)	9-27-97 DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TOLE "	RUIZ, ROBERTO V.	DELETE	1. I TITLE		☐ Change ☐ Addition
NAME STOTE LABORESS	15 A WEST CANAL ST		1 2 NAME 1.3 STREET ADDRESS		
STREAL ADDRESS OUTY-ST-ZIP	BELLE GLADE FL		1.4 CITY - ST - ZIP		İ
THE		☐ DELETE	2. 1 TITLE		Change Addition
NAME			2.2 NAME	300002 31\20~	79701102006
STREET ADDRESS			2.3 STREET AODRESS	****2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP		F7 britts	2.4 CITY - ST - ZIP	·····	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3 2 NAME 3.3. STREET ADDRESS		
City-SI-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		F" Act FTC	4.4 CiTY+ST-ZIP		Chance C dddVice
TITLE		☐ DELETE	5. 1 TITLE 5.2 NAME		Change
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7/P			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE	······································	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
DITY+ST-ZIP			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)(k), Florida Statutes. I further cert fy 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 undo oath; that I am an officer or director of the conforation 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, or on an attachment with an address.

SIGNATURE: ___

G OFFICER OR DIRECTOR

CR2E034 (12/95)