

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 17 1998 8:00am
Secretary of State

DOCUMENT # V21644 (2)

1. Corporation Name
WASHINGTON MEDICAL CENTER INC.



Principal Place of Business
4834 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308

Mailing Address
~~4834 NORTH FEDERAL HIGHWAY~~
~~FT. LAUDERDALE FL 33308~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1992

4. FEI Number

65-0322551

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

9. Name and Address of Current Registered Agent

LEE, YAO WU, DR.
4834 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LEE, YAO WU, DR.
8335 TWIN LAKES DR.
BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

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

☐ Change ☐ Addition

400002618684

-08/18/98--01037--004

***150.00

14. 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 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 under oath; 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

CR2E034 (5/98)

(2)

August 4, 1998

Washington Medical Center, Inc.
8335 Twin Lake Drive
Boca Raton, FL 33496

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

Yesterday I received a Corporation Annual Report packet for the above corporation that was marked 2nd notice. I was shocked to receive this as I never received the first notice on this corporation.

I handle all the bills and correspondence on my husband's corporation from my home and always pay everything immediately. I don't know if the report was lost in the mail or somehow didn't get to me from the Fort Lauderdale mailing address. I called your office and explained this to an examiner in the reinstatement department who advised me to write and explain why the report was not filed in a timely manner and to send a payment of \$150.00 which I have enclosed.

I would greatly appreciate your accepting the report now. I regret the delay and to avoid any future postal delays or losses, I have changed the mailing address for the report to my home mailing address.

Thank you for your help and consideration in this matter.

Very truly yours,



Louisa Lee
Washington Medical Center, Inc.