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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

V24718

(1)

DOCUMENT #

1. Corporation Name

WESTCHESTER FAMILY MEDICAL CLINIC, INC.



Principal Place of Business 9478 SW 24 ST MIAMI FL 33175 US				Mailing Address 700 TAMIAMI MANOR RD MIAMI FL 33144 US			3.	Date Incorporated or Qualified 03/30/1992	3a. Date	_ 402	oned.
2. Principal Plac		iness FLAGLER S	7. 2a.	Mailing Address	FLAC	LER ST	4.	65-0319764			Applied For Not Applicable
Suite, Apt. #		10116LLK S	26	Suite, Apt. #, etc.	/ 4/6	LETU OF		Certificate of Status Desired			Additional
22			27							Fee	Required
Oity & State	18 State FLORIDA		28	City & State 28 MIAMI		FLORIDA		Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
7ip		Country		^{Zip} 33/3 ¥	Cour	itry	8.	This corporation has liability for	intangible tax :	under s	199.032,
4 33/3	,	25 e and Address of Curr	29		30]			Florida Statutes Yes Name and Address of New F		aent	
	9. 14011	le and Address of Carr	ent tregis	tered Agent		81 Name				9	
ALVAREZ, MATILDE 700 TAMIAMI CONNAL RD MIAMI FL 33144						82 Street Add	Street Address (P.O. Box Number is Not Acceptable)				
					}	84 City	-		FL	85 Z ₁	p Code
or registere familiar with SIGNATURE	d agent, in and acc	ISIGNS OF SECTIONS BUT OF or both, in the State of Filo pept the obligations of, Se ed or printed name of registered ag	orida. Such ection 607.	i change was authoriz 0505, Florida Statute:	zed by the ci s.	orporation's bo	ard of a		DATE	registered	
12.		OFFICERS A	AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECTO	ORS IN 12
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THTLE	ALV/	ADET MATILDE		☐ DELETE	1. 1 TO			ALBITOTO OF WASTO TO OF	·] Change	Add tion
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NAME STREET ADDRESS CITY+ST-7IP	700	TAMIAMI CANAL RD		DELETE	1. 1 T() 1.2 NA 1.3 STF	ME GEET ADDRESS Y-S1-ZIP					Addition
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4. Too hereby 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 trusted 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 305.220-0070