

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V35550** (5)  
1. Corporation Name  
**HEALTH CARE SERVICES OF HIALEAH, INC.**

Principal Place of Business	Mailing Address
1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134	1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134-3323

3. Date Incorporated or Qualified 05/12/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21	2b. 590 West 20th Street

4. FEI Number <b>65-0593318</b>	Applied For
	Not Applicable

22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23	City & State	28	City & State Michael FL
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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24	Zip	25	Country	29	Zip	30	Country
					33010		

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

g. Name and Address of Current Registered Agent	
BRACERAS, WILFRED 590 W. 20TH STREET HIALEAH FL 33010	81 Name
	82 Street Address

**10. Name and Address of New Registered Agent**

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83	
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01	City	02	Zip Code
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City	FL	Zip Code
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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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	PSID	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRACERAS, WILFRED		1.2 NAME		
STREET ADDRESS	590 W. 20TH STREET		1.3 STREET ADDRESS		
CITY - ST - ZIP	HIALEAH FL		1.4 CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	

DATA ENTRY		DATA REVIEW	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	

CITY-STATE-ZIP TITLE NAME STREET ADDRESS	<input type="checkbox"/> DELETE	34. CITY-STATE-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	

CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	

CITY-ST-ZIP	6.4 CITY-ST-ZIP
<p>14. I do 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.</p>	

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

0183900

CR2E034 (9/96)