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May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V45018 (1)

1. Corporation Name
ESSENTIAL CARE MEDICAL CENTERS, INC.

Principal Place of Business

2801 NE 2 AVE
MIAMI FL 33137
US

Mailing Address

2850 N. MILITARY TRAIL
230
BOCA RATON FL 33431-6345
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
06/22/1992

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0426590

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LERNER, ALLAN M. ESQ.
2888 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 D ~~DELETE~~
NAME SURROCA, FRANK
STREET ADDRESS 6750 WHITE OAK DRIVE
CITY-ST-ZIP MIAMI LAKES FL

TITLE D ~~DELETE~~
NAME FLOCH, MORTON
STREET ADDRESS 8635 N.W. 49TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ~~DELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☐ Change ☒ Addition
1.2 NAME Dawn Drulla
1.3 STREET ADDRESS 1903 S. Congress Ave, Ste 400
1.4 CITY-ST-ZIP Boynton Beach, FL 33426

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE Dawn Drulla

4/28/97 541-737-2227

CR2E034 (9/96)