

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V55029** (5)

1. Corporation Name:  
**MARY MEDICAL CENTER INC.**

Principal Place of Business:  
**10550 N.W. 77TH COURT  
SUITE 301-302  
HIALEAH GARDENS FL 33016**

Mailing Address:  
**10550 N.W. 77TH COURT  
SUITE 301-302  
HIALEAH GARDENS FL 33016**

APPROVED  
AND  
FILED

05 MAY -1 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation (or Reincorporation)	3a. Date of Last Report
21		26		08/04/1992	05/01/1994
22. State App. #		27. State App. #		4. FEI Number	Applied For / Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. City		29. City		6. Election Campaign Financing / Trust Fund Contributions	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. County		30. County		8. This corporation has liability for intangible tax under § 199.11(2), Florida Statutes.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VAZQUEZ, PABLO 10550 N.W. 77TH CT SUITE 301 HIALEAH GARDENS FL 33016		81. Name 82. Street Address (P.O. Box Number, Not Applicable) 83. 84. City FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2)(g) and 607.15(2)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth 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 responsibility of Sections 607.01(2)(g), Florida Statutes.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

12. OFFICE REGISTERED OFFICES		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME	D VAZQUEZ, PABLO 10550 NW 77TH CT #301 HIALEAH GARDENS FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CLERK		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AGENT		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REGISTERED OFFICE		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REGISTERED OFFICE		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REGISTERED OFFICE		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REGISTERED OFFICE		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REGISTERED OFFICE		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REGISTERED OFFICE		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REGISTERED OFFICE		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REGISTERED OFFICE		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REGISTERED OFFICE		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REGISTERED OFFICE		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.11(2)(b) Florida Statutes. I further certify that the information included 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, director, or the registered agent or person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back cover of this report or on another document with an address.

SIGNATURE: *Pablo Vazquez* **Pablo Vazquez**  
 DIGITAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 1-179-95 (30) 812537