FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

DOCUMENT # V57303 (2)

1. EDISON MEDICAL CENTER, INC.

2370 NW 7 ST.
MIAMI FL 33125

6518 SW 8 ST., STE 1337
MIAMI FL 33144

3. Date Incorporated (or Qualified): 08/10/1992

3a. Date of Last Report: 09/14/1994

2. Principal Place of Business

21 5175 SW 8 ST

22 Suite Apt. # or P.O. Box: 207

23 City & State: Miami, FLORIDA

24 Zip: 33144 25 County: Dade

2a. Mailing Address

26

27 Suite Apt. # or P.O. Box

28 City & State

29 Zip 30 County

4. FEI Number: 65-0353475 — 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. Pursuant to Section 607.0505, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

PRESAS, RICARDO E
3829 SW 99 AVE., STE. #4
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: PRESAS, RICARDO E

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, or 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 hereby accept the obligations of the position as set forth in Chapter 607, Florida Statutes.

SIGNATURE: X RPresas 4/11/95

12. OFFICERS AND DIRECTORS

TYPE	P
NAME	PRESAS, RICARDO E
STREET ADDRESS	3829 S.W. 99TH AVENUE, #4
CITY, ST, ZIP	MIAMI FL 33165

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the officers and directors of the corporation named in the annual report or supplemental report have consented to such and that the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in the capacity shown opposite my signature and with no address.

SIGNATURE: X RPresas 4/11/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0160024 CP