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FILED  
Apr 16 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 # V71457

(8)

1. Corporation Name

BISCAYNE MEDICAL CENTER, INC.

Principal Place of Business

861 N.E. 79TH STREET  
SUITE #217  
MIAMI FL 33138

Mailing Address

561 N.E. 79TH STREET  
SUITE #217  
MIAMI FL 33138-4538

CHANGE. moved on 10/1/94.

2. Principal Place of Business

21 Bmc 1941 N 66 Ave  
Suite, Apt. #, etc.

2a. Mailing Address

26 Bmc 1941 N 66 Ave  
Suite, Apt. #, etc.

22 City & State

23 Hollywood FL

24 Zip

33024

25 Country

USA

27 City & State

28 Hollywood FL

29 Zip

33024

30 Country

USA

3. Name and Address of Current Registered Agent

LOPEZ, ROSARIO C  
861 N.E. 79TH STREET  
SUITE 217  
MIAMI FL 33138

3. Date Incorporated or Qualified  
10/15/1992

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

4. FEI Number

65-0363895

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

LOPEZ ROSARIO C

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

1941 N 66 Ave

83

84 City

Hollywood

FL

85 Zip Code

33024

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 P LOPEZ, ROSARIO C ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7484 NW 189 TERR  
MIAMI FL

TITLE V DENIS, ORLANDO ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7484 NW 189 TERR  
MIAMI 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4-11-97 021 512-1557

CR2E034 (9/96)