FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90271 015 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Mailing Address

HIALEAH FL 33010

1401E 4TH AVE STE 103

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9200001486

1. Corporation Name

Principal Place of Business

1401 E 4TH AVE

HIALEAH FL 33010

STE 103

CARDINAL MEDICAL GROUP, INC.

Suite, Apt. #, etc. 2 Suite, Apt. #, etc. Suite, Apt. #, etc.							11/03/1992			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Courter Suite, Apt. #, etc. #, e	2. Principal Pi	ace of Business	2a. Mailing Address					App	olied For	
City & State *	21	26					65-0393051	Not	Applicable	
City & State *		#, etc.	⊢	uite, Apt. #, etc.			5. Certifcate of Status Desired	11 * 1		
Added to Fees Zip Country Zip Country By Rama and Address of Current Registered Agent 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 11, Name and Address of New Registered Agent 12, Name and Address of New Registered Agent 13 Name 140 Le 4TH AVE STE 102 HALEAH FL 33010 15 Strout Address (P.O. Box Number is Not Acceptable) 17 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 agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation shared of directors. I hereby accept the appointment as registered agent, or provisions agent, and accept the obligations of, Sections 607,0506, Florida Statutes. SIGNATURE Signature, speed or provisionary of registered Agent agent are invested when remaining the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation authorized agent and purpose agent authorized agent and purpose agent authorized agent and purpose agent ag					* *		s Election Campaign Financing	\$5.00	May Be	
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9, Name and Address of Current Registered Agent QUIRANTES, TULIO 1401 E 4TH AVE STE 102 HIALEAH FL 33010 44 City FL 85 Zip Code 45 City FL 85 Zip Code 46 City FL 85 Zip Code 47 City FL 85 Zip Code 48 City FL 85 Zip Code 48 City FL 85 Zip Code 49 City FL 85 Zip Code 40 City FL 85 Zip Code 41. 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 office or registered agent area of registered agent	_				6. The corporation of the control of			□No		
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44 I before come that the information scripted with this light does not disally for the grapholist stated in Section 1 in 0.150 in 1919 and 1919 in 19	CITY-ST-ZIP:		this filing does not qualify f				Section 119.07(3)(i) Florida Statutes I further certify	that the in	nformation	

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, with all other like empowered.