

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 06 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 # P93000021951 (7)**

1. Corporation Name  
**TRIMED HEALTH CORP.**



Principal Place of Business: **20022 NW 57TH PL MIAMI FL 33015**  
 Mailing Address: **20022 NW 57TH PL MIAMI FL 33015-4948**

3. Date Incorporated or Qualified: **03/24/1993**  
 3a. Date of Last Report: **04/11/1996**

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **65-0396475**  
 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

10. Name and Address of New Registered Agent

**GUTIERREZ, MARLEN**  
**20022 NW 57TH PL**  
**MIAMI FL 33015**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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: \_\_\_\_\_ (DATE) \_\_\_\_\_  
Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | DP                | <input type="checkbox"/> DELETE |
| NAME            | GUTIERREZ, MARLEN |                                 |
| STREET ADDRESS  | 20022 NW 57TH PL  |                                 |
| CITY - ST - ZIP | MIAMI FL 33015    |                                 |
| TITLE           | DS                | <input type="checkbox"/> DELETE |
| NAME            | GUTIERREZ, MARLEN |                                 |
| STREET ADDRESS  | 20022 NW 57TH PL  |                                 |
| CITY - ST - ZIP | MIAMI FL          |                                 |
| TITLE           | DT                | <input type="checkbox"/> DELETE |
| NAME            | GUTIERREZ, MARLEN |                                 |
| STREET ADDRESS  | 20022 NW 57TH PL  |                                 |
| CITY - ST - ZIP | MIAMI FL          |                                 |
| TITLE           | DVP               | <input type="checkbox"/> DELETE |
| NAME            | GUTIERREZ, RAFAEL |                                 |
| STREET ADDRESS  | 20022 NW 57 PLACE |                                 |
| CITY - ST - ZIP | MIAMI FL          |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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, unchanged, or on an attachment with an address.

SIGNATURE: *Marlen Gutierrez* **3/3/97** **(305) 625-3830**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)