

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

**FILED**

**Mar 09 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P93000021951 (7)**  
1. Corporation Name  
**TRI-MED HEALTH CORP.**



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1993**

4. FEI Number: **65-0396475** 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 **3321 SW 179 AVE** Suite, Apt. #, etc.

22 **MIRAMAR, FL** City & State

23 **33029** Zip **USA** Country

24 **33029** Zip **USA** Country

25 **USA** Country

26 **3321 SW 179 AVE** Suite, Apt. #, etc.

27 **MIRAMAR, FL** City & State

28 **33029** Zip **USA** Country

29 **33029** Zip **USA** Country

30 **USA** Country

10. Name and Address of New Registered Agent

81 Name: **SAME**

82 Street Address (P.O. Box Number is Not Acceptable): **3321 SW 179 AVE**

83

84 City: **MIRAMAR** FL 85 Zip Code: **33029**

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP GUTIERREZ, MARLEN 20022 NW 57TH PL MIAMI FL 33015	1.1 TITLE	3321 SW 179 AVE Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		1.2 NAME	MIRAMAR, FL 33029
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DS GUTIERREZ, MARLEN 20022 NW 57TH PL MIAMI FL	2.1 TITLE	3321 SW 179 AVE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	MIRAMAR, FL 33029
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT GUTIERREZ, MARLEN 20022 NW 57TH PL MIAMI FL	3.1 TITLE	3321 SW 179 AVE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	MIRAMAR, FL 33029
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DVP GUTIERREZ, RAFAEL 20022 NW 57 PLACE MIAMI FL	4.1 TITLE	3321 SW 179 AVE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	MIRAMAR, FL 33029
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; 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: *[Signature]* 3/2/98 (954)442-6992

CR2E034 (10/97)