FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

P94000069867

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 199

DIVISION OF CORPORATIONS

DOCUMENT #P94000069867

1. Corporation Name: VAZQUO MEDICAL Corp. 97-AR OM

Principal Place of Business: 941 NO. KROME AVENUE, HOMESTEAD, FL 33030

Mailing Address: SAME

3. Date Incorporated or Qualified: 1994

3a. Date of Last Report: 1996-7

2. Principal Place of Business — 21: 941 NO. KROME AVE

2a. Mailing Address — 26: SAME

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23: HOMESTEAD, FL

City & State — 28:

Zip — 24: 33030

Country — 25: DADE

Zip — 29:

Country — 30:

4. FEI Number: 65-0531913 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NIVIA VAZQUEZ
20043 S.W. 103 AVE
MIAMI, FL 33189

10. Name and Address of New Registered Agent

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 _____
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	PRESIDENT ☐ DELETE
NAME	NIVIA VAZQUEZ, M.D.
STREET ADDRESS	20043 S.W. 103 AVE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	TREASURER ☐ DELETE
NAME	RICHARD S. GLOSSER, M.D.
STREET ADDRESS	13044 S.W. 107 CT
CITY-ST-ZIP	MIAMI 33176
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	900002259049--2
1.3 STREET ADDRESS	-08/06/97--01033--026
1.4 CITY-ST-ZIP	****225.00 ****225.00
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	

CR2E034 (9/96)

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: _____ 6/19/97 305-248-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SUCH OFFICER OR DIRECTOR DATE TELEPHONE NUMBER