FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
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95 MAY -1 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
LTN OF MIAMI INC.

DOCUMENT #
S09965 (2)

Mailing Address
6405 NW 36TH STREET
SUITE 120
MIAMI FL 33166

Principal Place of Business
6405 NW 36TH STREET
SUITE 120
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1990
3a. Date of Last Report: 05/01/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)

4. FEI Number: 65-0225893
Applied For
Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

5. Certificate of Status Desired
$8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐
$5.00 May Be Added to Fees

City & State (23)
City & State (28)

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip (24) County (25) Zip (29) Country (30)

8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AFTIMOS, MIMA
6405 NW 36TH STREET
SUITE 120
MIAMI FL 33166

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE (Must be signed by the registered agent of the registered office listed above.) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE	P/T	1 TITLE
2 NAME	AFTIMOS, MIMA	2 NAME
3 STREET ADDRESS	6405 NW 36TH STREET, #120	3 STREET ADDRESS
4 CITY ST ZIP	MIAMI FL 33166	4 CITY ST ZIP
21 TITLE	S	21 TITLE
22 NAME	MARIA ZIMMERMAN	22 NAME
23 STREET ADDRESS	6405 NW 36TH STREET, #120	23 STREET ADDRESS
24 CITY ST ZIP	MIAMI FL 33166	24 CITY ST ZIP
31 TITLE		31 TITLE
32 NAME		32 NAME
33 STREET ADDRESS		33 STREET ADDRESS
34 CITY ST ZIP		34 CITY ST ZIP
41 TITLE		41 TITLE
42 NAME		42 NAME
43 STREET ADDRESS		43 STREET ADDRESS
44 CITY ST ZIP		44 CITY ST ZIP
51 TITLE		51 TITLE
52 NAME		52 NAME
53 STREET ADDRESS		53 STREET ADDRESS
54 CITY ST ZIP		54 CITY ST ZIP
61 TITLE		61 TITLE
62 NAME		62 NAME
63 STREET ADDRESS		63 STREET ADDRESS
64 CITY ST ZIP		64 CITY ST ZIP

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****200.00 ****200.00

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand the Division of Corporations does not apply liability of mine compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 familiar with all obligations and requirements of property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR

5/1/95 305-871-6016
Date Telephone Number

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

DOCUMENT # S13214

1. Corporate Name
R & W MEDICAL CORP.

Principal Place of Business
7366 SW 48 CT
Miami, Florida 33155 US

Mailing Address
7366 SW 48 CT
Miami, FL 33155 US

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified: 11/15/1990
3a. Date of Last Report: 4/1/94

2. Principal Place of Business
21 3659 Cortez Road West
Suite Apt # etc
22 Suite 110
City & State
23 Bradenton, Fl
Zip / County
24 34210 25 Manatee

2a. Mailing Address
26 P.O. Box 11438
Suite Apt # etc
27
City & State
28 Bradenton, Fl
Zip / County
29 34282 30 Manatee

4. FEI Number: 65-0305744 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $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 § 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Hernan C. Dominguez
7366 SW 48 ST
Miami, FL 33156 US

10. Name and Address of New Registered Agent
B1 Name: Arthur Schinitsky
B2 Street Address (P.O. Box Number is Not Acceptable): Suite 110
B3: 3659 Cortez Road West
B4 City: Bradenton Florida FL B5 Zip Code: 34210

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: X _____ 3-24-95
(Registered Agent's signature required when changed) Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D Hernan C. Dominguez 5150 NW 99 AVE Miami, FL	D Arthur Schinitsky 5004 64th Drive West Bradenton, Fl 34210
D Roberto A. Alvarez 7035 SW 47 ST Miami, FL	None
D John Medina 7035 SW 47 ST Miami, FL	None
	300001478203 -05/08/95--01018--022 ****208.75 ****208.75
	TMW 5-1-95

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ 3-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date