

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # V08584

(7)

1. Corporation Name:

A & R MEDICAL SERVICES, INC.

Principal Place of Business

1199 N.W. 8 ST.
MIAMI FL 33128

Mailing Address

1199 N.W. 8 ST.
MIAMI FL 33128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1992

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0305668

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

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DEL VALLE, ALBERTO
1199 N.W. 8 ST.
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME P
DEL VALLE, ALBERTO
STREET ADDRESS 1199 N.W. 8 ST.
CITY, STATE, ZIP MIAMI FL 33128

NAME S
MARTINEZ, RAMON
STREET ADDRESS 520 BILTMORE
CITY, STATE, ZIP CORAL GABLES FL 33134

NAME V.P.
ANISABEL RABELO
STREET ADDRESS 1199 N. W. 8th St.
CITY, STATE, ZIP Miami, FL. 33136

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100. CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemented annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation or the registered agent empowered to cause this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE:

Anisabel Rabelo

ANISABEL RABELO 326-7075

1/10/95