FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L87699 (9)

1. Corporation Name

KNOXVILLE MEDICAL, INC.

Principal Place of Business

% J. LUIS QUINTANA, ESQ.
~~2333 PONCE DE LEON BLVD., SUITE 1120~~
CORAL GABLES FL 33134

Mailing Address

% J. LUIS QUINTANA, ESQ.
~~2333 PONCE DE LEON BLVD., SUITE 1120~~
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 07/06/1990

3a. Date of Last Report: 05/19/1995

4. FEI Number: 65-0525329 ☐ 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
21 338 Minorca Ave
Suite, Apt. #, etc.
22 —
City & State
23 Coral Gables, Fl
Zip
24 33134
Country
25 US

2a. Mailing Address
26 338 Minorca Ave
Suite, Apt. #, etc.
27 —
City & State
28 Coral Gables, Fl
Zip
29 33134
Country
30 US

9. Name and Address of Current Registered Agent

QUINTANA, J. LUIS, ESQ.
~~2333 PONCE DE LEON BLVD.~~
~~PH SUITE 1120~~
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: J. Luis Quintana
82 Street Address (P.O. Box Number is Not Acceptable): 338 Minorca Ave
83 —
84 City: Coral Gables FL
85 Zip Code: 33134

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PTSD	☐ DELETE
NAME	GIMENEZ, JAVIER O.	
STREET ADDRESS	~~2333 PONCE DE LEON BLVD., #1120~~	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTSD	☐ Change ☐ Addition
1.2 NAME	Gimenez, Javier O.	
1.3 STREET ADDRESS	338 Minorca Ave	
1.4 CITY-ST-ZIP	Coral Gables, Fl 33134	
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		

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 119.07(3)(k), 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96
Date

(305)558-6717
Daytime Phone #

CR2E034 (12/95)