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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000026997 (3)

1. Corporation Name
CAREMED HEALTH ADMINISTRATOR'S, INC.



Principal Place of Business

7950 N.W. 53RD ST.
SUITE 210
MIAMI FL 33166

Mailing Address

7950 N.W. 53RD ST.
SUITE 210
MIAMI FL 33166-7801

3. Date Incorporated or Qualified
04/05/1995

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 8325 NW 53 Street

Suite, Apt. #, etc.

22 Suite #100

City & State

23 Miami, FL

Zip

24 33166

Country

25

2a. Mailing Address

26 P.O. Box 141966

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, FL

Zip

29 33114

Country

30

4. FEI Number

65-0596594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1800 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Marialena Diaz

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

8325 NW 53 Street

83

Suite #100

84 City

Miami,

FL

85 Zip Code
33166

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

Marialena Diaz

Marialena Diaz, Controller

1/22/97

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 ☐ DELETE

D
NAME MARTINEZ, OSVALDO
STREET ADDRESS 7950 N.W. 53RD ST., SUITE 210
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

Osvaldo Martinez

OSVALDO MARTINEZ, PRESIDENT

1/24/97

(305) 592-5583

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)