


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020353 (3)

1. Corporation Name

CAREMED OF SOUTH FLORIDA, INC.

Principal Place of Business

8325 NW 53RD STREET
SUITE 100
MIAMI FL 33166

Mailing Address

8325 NW 53RD STREET
SUITE 100
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

65-073 3560

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8125 NW 53 Street

Suite, Apt. #, etc.

22 116

City & State

23 Miami, FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 P.O. Box 141966

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, FL

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DIAZ, MARIALENA
8325 NW 53RD STREET
SUITE 100
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

8125 NW 53 Street

83 Suite 116

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

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 D ☒ DELETE

NAME CEJAS, PAUL L
STREET ADDRESS 200 S BISCAYNE BLVD, STE 2410
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME MARTINEZ, OSVALDO S
STREET ADDRESS 8325 NW 53RD ST, STE 100
CITY-ST-ZIP MIAMI FL 33166

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 D ☐ Change ☒ Addition

1.2 NAME Julie Neitzel
1.3 STREET ADDRESS 420 Lincoln Road, Suite #432
1.4 CITY-ST-ZIP Miami Beach, FL 33139

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 8125 NW 53 Street, Suite 116
2.4 CITY-ST-ZIP Miami, FL 33166

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Pablo Cajas
3.3 STREET ADDRESS 420 Lincoln Road, Suite #432
3.4 CITY-ST-ZIP Miami Beach, FL 33139

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 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, PRESIDENT

2/25/98

CR2E034 (10/97)