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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J82798 1. Corporation Name

FLARE MEDICAL SERVICES CORP.

Principal Place of Business 2311 S.W. 5 AVE. MIAM! FL 33129

SIGNATURE:

Mailing Address

2311 S.W. 5 AVE. MIAMI FL 33129

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90159 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/15/1987

Suite, Apt. 6, etc. Status Desired Status De	2. Principal Pl	ace of Business	2a, Mail	ing Address				4. FEI Number		A	pplied For
Suths, Apt. #. etc. 27 28 uths, Apt. #. etc. 28 uths, Ap	21		<u></u> ⊢	Ŭ				59-2827026		N ₁	ot Applicable
City & State City & State 28. City & State 28. Country 29. Country 29. 20. Country 29. 30. Trust Fund Contribution 70. Trust Fund Contributio	Suite, Apt. a	#, etc.	Suit	e, Apt. #, etc.			*		<u> </u>		
28	22			9 Chair						4 - 1-1	 -
Zip Country Zip Country Zip Country State Transport Transpor	City & State		- ├ ─┐	a State				1	ng 🗆		
9. Name and Address of Current Registered Agent ROSES, RAOUEL 6795 WEST FLAGLER ST MIAMI FL 33144 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0602 and 607 1606. Florids Statutes, the above-named composition submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of, Section 607 0505. Florids a Statutes. 85 SIGNATURE 86 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1606. Florids Statutes, the above-named composition submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of, Section 607 0505. Florids a Statutes. 85 SIGNATURE 86 Signature, tiped or preind man of registered agent with or a registered agent. I am familiar with, and accept the obligation of, Section 607 0505. Florids a Statutes. 85 SIGNATURE 86 Signature, tiped or preind man of registered agent with or a registered agent. I am familiar with, and accept the obligation of, Section 607 0505. Florids a Statutes. 85 SIGNATURE 87 OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14 Interpretation of the composition of the	Zip	Country	Zìp	_	Coun	itry		8. This corporation owes the	current year l		_
ROSES, RAOUEL 6795 WEST FLAGLER ST MIAM! FL 33144 82 Street Address (P.O. Box Number is Not Acceptable) 83 Super Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Super Address (P.O. Box Number is Not Acceptable) 88 City FL 85 Zip Code 89 Super Address (P.O. Box Number is Not Acceptable) 80 Super Address (P.O. Box Number is Not Acceptable) 81 Name Super Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Super Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Super Address (P.O. Box Number is Not Acceptable) 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 Super Address (P.O. Box Number is Not Acceptable) 86 City FL 85 Zip Code 87 Super Address (P.O. Box Number is Not Acceptable) 87 Super Address (P.O. Box Number is Not Acceptable) 88 City FL 85 Zip Code 89 Zip Code 89 Zip Code 80 Z	24	25	29	3	0						<u> ∐No</u>
ROSES, RAOUEL 6795 WEST FLAGLER ST MIAM! FL 33144 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Sections 607.0505, Florids Statutes. SIGNATURE 9 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. MUNOZ, ALBERTO DELETE 11 TITLE Change Addition 16. Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. ADDITIONS/CHA		9. Name and Address of Currer	t Registered	l Agent				10. Name and Address of Ne	w Registere	d Agent	
## STREET ADDRESS ## City						81	Name				
MIAMI FL 33144 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 agent, and a provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and a provision of Sections 607.0502 and 607.1508, Florida Statutes. SIGNATURE Signature, hord or preted name of registered and its of exploitable. MOTE Registered Agent agents required when remotiving DATE 12.						82 Street Address (P.O. Box Number is Not Acceptable)					
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 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, tryold or pretend minima of registered agent and like if spoilables. MOTE Registered Agent agent are required when removable when remotering) DATE	6795 WEST FLAGLER ST						0.0217.007.		<u> </u>		
T1. 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 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 agent with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Signature, type or printed name of registered agent and title of applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PDST MUNOZ, ALBERTO STREET ADDRESS GIY-ST-ZP MIAMI F1. 33144 DELETE 1.1 TITLE DELETE 2.1 TITLE 1.2 TITLE DELETE 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS GIY-ST-ZP TITLE NAME 3.3 STREET ADDRESS GIY-ST-ZP TITLE NAME 3.3 STREET ADDRESS GIY-ST-ZP TITLE NAME 3.4 GIY-ST-ZP TITLE NAME 3.5 NAME 3.5 STREET ADDRESS GIY-ST-ZP TITLE DELETE 3.5 TITLE 3.5 TITLE 3.5 TITLE 3.5 STREET ADDRESS GIY-ST-ZP TITLE NAME 3.5 STREET ADDRESS GIY-ST-ZP TITLE DELETE 3.5 TITLE Change Addition Addit	MIAMI FL 33144					83					
T1. 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 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 agent with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Signature, type or printed name of registered agent and title of applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PDST MUNOZ, ALBERTO STREET ADDRESS GIY-ST-ZP MIAMI F1. 33144 DELETE 1.1 TITLE DELETE 2.1 TITLE 1.2 TITLE DELETE 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS GIY-ST-ZP TITLE NAME 3.3 STREET ADDRESS GIY-ST-ZP TITLE NAME 3.3 STREET ADDRESS GIY-ST-ZP TITLE NAME 3.4 GIY-ST-ZP TITLE NAME 3.5 NAME 3.5 STREET ADDRESS GIY-ST-ZP TITLE DELETE 3.5 TITLE 3.5 TITLE 3.5 TITLE 3.5 STREET ADDRESS GIY-ST-ZP TITLE NAME 3.5 STREET ADDRESS GIY-ST-ZP TITLE DELETE 3.5 TITLE Change Addition Addit		•			-		0.4			gg Zin	Code
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of director's. Theretay accept the applications of Section 607 5055; Flondas Statutes. SIGNATURE Signature, Special or greeted reams of registered agent and line if suplicable. (NOTE: Registered Agent applicable). (NOTE: T.T.P.) ***TITLE** DELETE*** DELETE**						84	City		F	L °5 ²¹⁰	Code
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of director's. Theretay accept the applications of Section 607 5055; Flondas Statutes. SIGNATURE Signature, Special or greeted reams of registered agent and line if suplicable. (NOTE: Registered Agent applicable). (NOTE: T.T.P.) ***TITLE** DELETE*** DELETE**	44 Durement	to the provisions of Sections 607 050	2 and 607 15	i08. Florida Statutes	the ab	ove-	-named come	oration submits this statement for	the purpose	of changing its	s registered
Agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or protect name of registrand agent and life if applicable. (NOTE: Registered Agent separature mouved when reinstating) DATE	office or re	egistered agent, or both, in the State.	of Florida, Si	ich change was auf	horized	DV I	he corporatio	n's board of directors. I hereby a	ccept the app	ointment as re	∍gistered
12.	agent. I ai	m familiar with, and accept the obliga	tions of, Sec	tion 607.0505, Flori	da Statu	tes.					
12.	SIGNATURE								0.75		
TITLE NAME MUNOZ, ALBERTO 12 NAME 13 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 TRUE					-	Agent	signature required			NO DIDECT	2DC IN 42
MUNOZ, ALBERTO 1.3 STREET ADDRESS 1.3 STREET	12.		ID DIRECTO		_			ADDITIONS/CHANGES TO	OFFICERS A		
1.3 STREET ADDRESS 6795 WES FLAGLER ST 1.3 STREET ADDRESS 1.4 CITY. ST. ZIP	TITLE			☐ DECE 1#	1.1 TIT	LE				Change	
MIAMI FL 33144	NAME	Munoz, Alberto			1.2 NAN	ME	i				
DELETE DELETE 21 TITLE Change Addition	STREET ADDRESS	6795 WES FLAGLER ST			1.3 STF	REET	ADDRESS				
DELETE DELETE 21 TITLE Change Addition	CITY-ST-ZIP	MIAMI FL 33144		_	1.4 CIT	Y-ST	-ZIP				
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE			☐ DELETE	2.1 TITL	LE				Change	☐ Addition
23 STREET ADDRESS 2.4 CITY-ST-ZIP	NAME				2.2 NA	ME					
CITY-ST-ZIP					2.3 STF	REET	ADDRESS				
DELETE DELETE 3.1 TITLE Change Addition	1										
NAME			· · -	DELETE						Change	Addition
STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP					1						
34. CITY-ST-ZIP					•		ADDRESS				
DELETE											
NAME NAME \$TREET ADDRESS \$CITY- ST-ZIP TITLE DELETE 5.1 TITLE NAME \$STREET ADDRESS \$TREET ADDRESS \$T	CITY-ST-ZIP			□ ne: ete			-217			Change	Addition
A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP Change Addition				□ DELETE	•						
Addition											
DELETE	STREET ADDRESS				B .		- 1				
NAME	CITY-ST-ZIP				_		-ZIP			Chanca	☐ Addition
STREET ADDRESS	TITLE			L_I DELETE			.			□ change	
SACITY-ST-ZIP	NAME				1						
TITLE DELETE 6.1 TITLE CANAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CONTROL OF CANAME AND STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CONTROL OF CANAME AND STREET ADDRESS 6.4 CITY-ST-ZIP C	STREET ADDRESS				5.3 STF	REET.	ADDRESS				
NAME 62 NAME 63 STREET ADDRESS GITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 STREET ADDRESS 64 CITY-ST-ZIP	CITY-ST-ZIP						-ZIP				
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 CITY-ST-ZIP 6.9 CITY-ST-ZIP	TITLE			☐ DELETE	6.1 TIT	LE				Change	☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS 6.5 STREET ADDRESS 6.5 STREET ADDRESS 6.6 CITY-ST-ZIP 6.7 STREET ADDRESS 6.7 STREET ADDRESS 6.7 STREET ADDRESS 6.8 CITY-ST-ZIP 6.9 STREET ADDRESS 6.9 STREET ADDRESS 6.9 STREET ADDRESS 6.0 STREET ADDRESS 6.	NAME				6.2 NA	ME					
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.					6.3 STF	REET.	ADDRESS (
the life of the life of the state of the sta	CITY-ST-7IP										
indicated on this annual report of 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 eceiver 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, with all other like empowered.	44 11 1	L certify that the information supplied w	ith this filing o	loes not qualify for	the exer	nptic	on stated in S	Section 119.07(3)(i), Florida Statu	es. I further o	ertify that the	information
officer or director of the corporation or the corpo	indicated	on this annual report of supplementa	l annual repe	nt is true and accur.	ate and	that	my signature	shall have the same legal effect	as if made un	nder oath; that	i I am an nears in
	Block 12	or Block 13 if changed, of og an etta-	chment with	n address, with all	other like	e en	npowered.	Co by Chapter Cor, Florida Gate	11		