

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 9:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 672662

(4)

1. Corporation Name

STAT MEDICAL CLINIC, INC.

Principal Place of Business

**12302 N E 6TH AVENUE
N MIAMI FL 33161**

Mailing Address

**12302 N E 6TH AVENUE
N MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1980

3a. Date of Last Report

08/05/1994

4. FEI Number

59-2006392

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**STACHEWITSCH, MONIQUE
9195 COLLINS PH-A
SURFSIDE FL 33154**

10. Name and Address of New Registered Agent

81 Name

APPROVED

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

12302 NE 6 AVE

83

84 City

NORTH MIAMI

FL

85 Zip Code
33161

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 of agent or certified officer of registered agent and file, if applicable

NOTE: Registered Agent signature required when certifying

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	STACHEWITSCH, MARC
STREET ADDRESS	12302 N.E. 6TH AVE.
CITY, ST, ZIP	N. MIAMI, FL. 0
TITLE	ST
NAME	STACHEWITSCH, ANDRE
STREET ADDRESS	12302 N.E. 6TH AVE.
CITY, ST, ZIP	N. MIAMI, FL. 0
TITLE	DP
NAME	STACHEWITSCH, MONIQUE
STREET ADDRESS	12302 N.E. 6TH AVE.
CITY, ST, ZIP	N. MIAMI, FL. 0
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 regulate 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: ANDRE STACHEWITSCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Here