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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 696453

1, Corporation Name

AMEDICAN MEDICAL DIAZA INC

	WILDIOAL FLAZA, 1110.										
Principal Place of	f Business	Mailing Address				7	I TÜNKTÜ ÜLITÜ TÜLLE ÜLITE ÜLITEL	Elico IIII Blail	Bidii Bidii	01011 DI	Mis Ashii 1991
11880 S.W. 40TH S		11880 S.W. 40TH STREET									
SUITE #405	J. HEL.	SUITE #405									
MIAMI FL 33175 MIAMI FL 33175						DO NOT WRITE IN THIS SPACE					
US		US					Date Incorporated or Qualife 07/29/1981	ed			
2. Principal Place	e of Business	2a. Mailing Address					FEI Number			App	olied For
21		26					59-2137761			Not	Applicable
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.						707	\$8	.75 A	dditional
22		27				5.	Certifcate of Status Desired	×	F	ee Re	quired
City & State		City & State				6.	Election Campaign Financin	g 🗆	\$	5.00	May Be
23		28				\ <u>_</u>	Trust Fund Contribution	Ш	A	dded to	Fees
Zip	Country	Zip	Coun	ntry		8.	This corporation owes the c	urrent year li			
24	25	29 30	0				Personal Property Tax.		Ye	5	□No
	Name and Address of Current	Registered Agent			_	10.	Name and Address of Nev	v Registere	Agent		_
1410D	IO: MI		18	81	Name						
MUDD,			ħ	82	Street Addre	ess (P.	O. Box Number is Not Acce	ptable)			
	BIRD RD										
#201	T		[4	83	#405						
MIAMI F	FL 33175		ļ,	84	City		<u> </u>		85	Zip C	 Code
								F	┕┊┊		
l office or regis	the provisions of Sections 607.0502 stered agent, or both, in the State of	t and 607.1508, Florida Statutes. of Florida. Such change was auth	, the abo	iove-i	named corpo	orațion ors bo:	ard of directors. I hereby ac	cept the app	ointment	as rec	istored
agent. I am fa	amiliar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statut	tes.					_		
agent. I am fa	amiliar with, and accept the obligat nature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered A	tes.	signature required	d when re	oinstating)	DATE	_		
agent. I am fa	amiliar with, and accept the obligat nature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: Re	egistered A	tes. Agent s		d when re		DATE	_	ECTO	
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CITY-ST-ZIP 14. I hereby certify that the information sopplied 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 supplied that 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 deciver 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, on on an attacking int with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)