Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90039 005 ***150.00

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 # **F48106**

1. Corporation Name

FLORIDA	MEDI-VAN, INC.							
Principal Place	of Business	Mailing Address			_	1 1001(03 1611 01001 14101 11011 00116 0	ille Binet Athur Asart Dia	
2950 N.W. 7TH AVENUE 2950 N.W. 7TH AVENUE MIAMI FL 33127 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/10/1981		
Principal Place of Business 2a. Mailing Address						4. FEI Number	⊢	Applied For
26						59-2151292		Not Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired		5 Additional **** Required
27								
City & State City & State						6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip Country Zip			Country			8. This corporation owes the current	_	
25 29 30			<u> </u>	1 cradital 1 reports Toxi			□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered Agent	
001	157 OPT 04 ANTONIO		81	Name				
GOMEZ-ORTEGA, ANTONIO 2950 N.W. 7TH AVENUE			82	Street A	Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33127			83			· · · · · · · · · · · · · · · · · · ·		•
			84	City	FL 85 Zip Code			
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was auth	юпиев ру	the corpor	corpor	ration submits this statement for the pur 's board of directors. I hereby accept the	pose of changing ne appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Ager	nt signature re	v beniup	when reinstating)	DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12
TITLE	PD DELETE			1.1 TITLE			☐ Chang	ge 🖺 Addition
NAME	GOMEZ-ORTEGA, ANTONIO			1.2 NAME				Ì
STREET ADDRESS	s 2950 N.W. 7TH AVENUE 1.3		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP					
TITLE	PRESIDENT DELETE 21		2.1 TITLE	Ē			☐ Chang	ge 🗀 Addition
IAME ISOSCI GOMEZ			2.2 NAME					
			2.3 STREE	TADDRÉSS				
CITY-ST-ZIP	$+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$			ST-ZIP				
TITLE	Sec DELETE 3.1		3.1 TITLE				☐ Chang	ge 🔲 Addition
NAME ,	ANDA NOVO			3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS				
CHY-SI-ZIP				3.4. CITY-ST-ZIP				- DAdding
TITLE TICS.			4.1 TITLE				Chang	ge
NAME SOND GUMPL-OFTEGS			4, 2 NAME					
STREET ADDRESS 2910 NW TONG-				4.3 STREET ADDRESS				
CITY-ST-ZIP WI DW I FI. 3810				4.4 CITY-ST-ZIP				ge Addition
TITLE	DIROCOLL 2	☐ DELETE	5.1 TITLE				Chang	le Paggingii
NAME A. GOMCE. ORTEGA				5.2 NAME 5.3 STREET ADDRESS				
STREET ADDRESS	2550 NW 79	/τ ⁻²						
CITY-SI-DE			5.4 CITY-S 6.1 TITLE	11-211			Chang	ge Addition
TITLE			6.3 NAME				Criang	- Drawson

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

3056365500