

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F69138** (8)

1. Corporation Name
MEDERI OF BROWARD COUNTY, INC.

Principal Place of Business
**P.O. BOX 144536
CORAL GABLES FL 33114**

Mailing Address
**C/O 1401 BRICKELL AVE
#700
MIAMI FL 33131
US**

DATE FIRST MADE AVAILABLE

3. Filing Date of this Report	03/02/1982	3a. Date of Last Report	04/14/1994
4. FIC Number	59-2179784	Applied For Next Application	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Director's Report Prepared	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for enterprise for one of the following Florida Statutes:	<input checked="" type="checkbox"/> 306 <input type="checkbox"/> 307		

2. Principal Place of Business	2a. Mailing Address
21. State of Incorporation	26. State of Incorporation
22. Date of Birth	27. Date of Birth
23. Date of Birth	28. Date of Birth
24. Date of Birth	29. Date of Birth
25. Date of Birth	30. Date of Birth

9. Name and Address of Current Registered Agent

**NESSLEIN, DAVID A.
1401 BRICKELL AVE
#700
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address, if 100-999, Inc. Number, if 1-1	
83. City	
84. State	FL
85. Zip Code	

11. This corporation is a corporation organized under the laws of the State of Florida. The above information is true and correct to the best of the knowledge of the undersigned. The undersigned is a duly qualified and licensed agent of the State of Florida and is authorized to file this report on behalf of the corporation.

GRANT OR

12. OFFICERS AND DIRECTORS	13. ALL OTHERS EMPLOYED TO PREPARE AND SIGN THIS REPORT																																																																								
<table border="1"> <tr> <td>NAME</td> <td>P VAZQUEZ, SANDRA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2401 DOUGLAS RD</td> </tr> <tr> <td>CITY</td> <td>MIAMI FL</td> </tr> <tr> <td>STATE</td> <td>P VAZQUEZ</td> </tr> <tr> <td>NAME</td> <td>KASTROP, SANDRA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2401 DOUGLAS ROAD</td> </tr> <tr> <td>CITY</td> <td>MIAMI FL</td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> </table>	NAME	P VAZQUEZ, SANDRA	STREET ADDRESS	2401 DOUGLAS RD	CITY	MIAMI FL	STATE	P VAZQUEZ	NAME	KASTROP, SANDRA	STREET ADDRESS	2401 DOUGLAS ROAD	CITY	MIAMI FL	STATE		NAME		STREET ADDRESS		CITY		STATE		NAME		STREET ADDRESS		CITY		STATE		NAME		STREET ADDRESS		CITY		STATE		<table border="1"> <tr> <td>NAME</td> <td>S/T</td> </tr> <tr> <td>STREET ADDRESS</td> <td>David A. Nesslein</td> </tr> <tr> <td>CITY</td> <td>2401 Douglas Rd.</td> </tr> <tr> <td>STATE</td> <td>Miami, FL 33145</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> </table>	NAME	S/T	STREET ADDRESS	David A. Nesslein	CITY	2401 Douglas Rd.	STATE	Miami, FL 33145	NAME		STREET ADDRESS		CITY		STATE		NAME		STREET ADDRESS		CITY		STATE		NAME		STREET ADDRESS		CITY		STATE	
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14. This report is being filed by the undersigned, who is a duly qualified and licensed agent of the State of Florida. The undersigned is authorized to file this report on behalf of the corporation. The undersigned is a duly qualified and licensed agent of the State of Florida and is authorized to file this report on behalf of the corporation.

SIGNATURE: David A. Nesslein, Sec.Tr. 3/14/95 (305) 447-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR