

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 10 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G72351

(1)

1. Corporation Name

MEDICAL INVESTMENTS, INC.

500001533855
-07/10/95--01081--001
***9225.00 ***225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business C/O FLORIDA REGISTERED AGENTS, INC. 100 SOUTHEAST 2ND STREET, #3600 MIAMI FL 33131		Mailing Address C/O FLORIDA REGISTERED AGENTS, INC. 100 SOUTHEAST 2ND STREET, #3600 MIAMI FL 33131	
2. Principal Place of Business 21 2601 S. Bayshore Dr. Suite, Apt. #, etc. 22 Suite 1600 City & State 23 Miami, Florida Zip Country 24 33133 25 U.S.		2a. Mailing Address 26 2601 S. Bayshore Dr. Suite, Apt. #, etc. 27 Suite 1600 City & State 28 Miami, Florida Zip Country 29 33133 30 U.S.	
3. Date Incorporated or Qualified 11/22/1983		3a. Date of Last Report 04/29/1994	
4. FEI Number 59-2348242		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			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 SOUTHEAST 2ND STREET, #3600
MIAMI FL 33131

81 Name A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive
83 Suite 1600
84 City Miami
85 Zip Code 33133

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 agree to the provisions of the Florida Statutes.

SIGNATURE By: Justin T. Wilson
Justin T. Wilson, Secretary

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PUENTE, JAIME 7825 SW 120 PLACE MIAMI FL 33183	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 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.

SIGNATURE: Jaime Puente MD

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #