

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 APR 17 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J00218 (4)

1. Corporation Name

AMERICAN MANAGEMENT MEDICAL SERVICES, INCORPORATED

Principal Place of Business

PO BOX 144220
CORAL GABLES FL 33114-4220
US

Mailing Address

PO BOX 144220
CORAL GABLES FL 33114-4220
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1986

3a. Date of Last Report

02/17/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0034189

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

22. City & State

27. City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

23. Zip

Country

28. Zip

Country

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

ESPINO, MARIO A. JR.
11111 BISCAYNE BLVD
STE 852, TOWER III
NO MIAMI FL 33181

81. Name

Espino, Mario A. JR.

82. Street Address

5030 NW 93 Doral Place

83. City

1

84. City

Miami

FL

85. Zip Code

33178

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ESPINO, MARIO A., JR.
STREET ADDRESS 11111 BISCAYNE BLVD, STE 852, TOWER III
CITY - ST - ZIP NO MIAMI FL

1.1 TITLE DP
1.2 NAME ESPINO, MARIO A. JR.
1.3 STREET ADDRESS 5030 NW 93 Doral Place
1.4 CITY - ST - ZIP Miami, FL. 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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 appointed, or on an attachment with an address.

SIGNATURE:

MARIO A. ESPINO, JR. 4/10/95 (305) 591-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

System Form 1