

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J46845** (0)

1. Corporation Name

FIRST MED TAMAFAC, INC.



Principal Place of Business

Mailing Address

~~201 NW 82ND AVE~~ **7676-D Peters Rd**
~~SUITE 008~~
PLANTATION FL 33324

~~201 NW 82ND AVE~~ **7676-D Peters Rd**
~~SUITE 008~~
PLANTATION FL 33324

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/09/1986

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2778862

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

10. Name and Address of New Registered Agent

**PIOTRKOWSKI, JOEL S.
627 - 71ST ST
MIAMI BEACH FL 33141**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | REITER, BEN Z. | |
| STREET ADDRESS | 201 NW 82ND AVE, S-308 7676-D Peters Rd | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | VERBLOW, CLIVE | |
| STREET ADDRESS | 201 NW 82 AVE, #308 7676-D Peters Rd | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | GLICK, BRAD | |
| STREET ADDRESS | 201 NW 82 AVE, #308 7676-D Peters Rd | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | ASD | <input checked="" type="checkbox"/> DELETE |
| NAME | KERR, SONJA | |
| STREET ADDRESS | 201 NW 82ND AVE S-308 7676-D Peters Rd | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | HEGAUNG, ZHENG | |
| STREET ADDRESS | 201 NW 82ND AVENUE S-308 7676-D Peters Rd | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | ASD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | DIAZ, JORGE | |
| 1.3 STREET ADDRESS | 7676-D Peters Road | |
| 1.4 CITY-ST-ZIP | Plantation, FL. 33324 | |
| 2.1 TITLE | ASD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | FORD, ALLEN | |
| 2.3 STREET ADDRESS | 7676-D Peters Rd | |
| 2.4 CITY-ST-ZIP | PLANTATION, FL. 33324 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

CR2E034 (12/95)