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FILED

Feb 18 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J46846

(8)

1. Corporation Name

FIRST MED BOCA, INC.

Principal Place of Business

7676-D PETERS ROAD
~~SUITE 806~~
PLANTATION FL 33324
US

Mailing Address

7676-D PETERS ROAD
~~SUITE 806~~
PLANTATION FL 33324-4002
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/09/1986

3a. Date of Last Report

04/24/1996

4. FEI Number

59-2771393

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

TITLE ASD ☐ DELETENAME ZHENG, HEGAUNG
STREET ADDRESS 7676-D PETERS ROAD
CITY-ST-ZIP PLANTATION FLTITLE VPD ☐ DELETENAME VERBLOW, CLIVE
STREET ADDRESS 7676-D PETERS ROAD
CITY-ST-ZIP PLANTATION FLTITLE ASD ☐ DELETENAME FORD, ALLEN
STREET ADDRESS 7676-D PETERS ROAD
CITY-ST-ZIP PLANTATION FLTITLE ASD ☐ DELETENAME KELSO, LISA L
STREET ADDRESS 7676 D PETERS ROAD
CITY-ST-ZIP PLANTATION FLTITLE P ☐ DELETENAME REITER, BEN
STREET ADDRESS 7676 D PETERS ROAD
CITY-ST-ZIP PLANTATION FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ben Reiter 2/12/97 954-474-2398

CR2E034 (9/96)