FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J46846

(8)

FIRST MED BOCA, INC.

Feb 24 1998 8:00am Secretary of State

FILED

| Principal Place | e of Business | Mailing Address | • | - I IBBICIE BIRI BIBIS BILER FBILL BIBIS BILI BIBIS BIRI BIBIS BIBIS BIBIS BIBIS BIBIS BIBIS BIBIS BIBIS |
|---|------------------------------|---------------------------------------|---------------------|--|
| 7676-D PETERS ROAD 7676-D PETERS ROAD | | | | |
| PLANTATION FL 33324 PLANTATION FL 33324 | | | | |
| US US | | U\$ | | DO NOT WRITE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualified |
| | | | | 12/09/1986 |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 Cuito Ant | | 26 | | 59-2771393 Not Applicable |
| i amie, aui | #, BIC. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional Fee Regulred |
| 22 City & State | | City & State | | |
| 23 | u | · | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution |
| Zip | Country | | Country | This corporation owes or has paid the current year Intangible |
| 24 | 25 | | 30 | Personal Property Tax due June 30. Yes No |
| | g. Name and Address of Curre | | 1 | 10. Name and Address of New Registered Agent |
| PIO | TRKOWSKI, JOEL S. | · · · · · · · · · · · · · · · · · · · | 81 Nam | 9 |
| 627 - 71ST ST | | | 82 Stree | t Address (C.O. Boy Number in Not Assessable) |
| MIAMI BEACH FL 33141 | | | 62 Sires | at 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 | | | | |
| 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. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes. | | | | |
| | | | | |
| SIGNATURE Signature, typed or pented name of registered agent and title if applicable (NOTE Rigis | | | | re required when rainslating) DATE |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | ASD | ☐ DELETÉ | 1.1 TITLE | Change Addition |
| NAME | ZHENG, HEGAUNG | | 1.2 NAME | |
| STREET ADDRESS | 7676-D PETERS ROAD | | 1.3 STREET ADDRESS | 3 |
| CITY-ST-ZIP | PLANTATION FL | | 1.4 CITY-ST-ZIP | |
| TOTLE | VPD | ☐ DELETE | 2.1 TITLE | Change Addition |
| NAME | VERBLOW, CLIVE | | 22 NAME | |
| STREET ADDRESS | 7676-D PETERS ROAD | | 2.3 STREET ADORESS | |
| CITY-ST-ZIP | PLANTATION FL | | 2 4 CITY-ST-ZIP | |
| TITLE | ASD | ☐ DELETE | 3.1 TITLE | Addition |
| NAME | FORD, ALLEN | | 3.2 NAME | |
| STREET ADDRESS | 7676-D PETERS ROAD | | 3.3 STREET ADDRESS | S |
| CITY-ST-ZIP | PLANTATION FL | | 3.4. CITY-ST-ZIP | |
| TITLE | ASD | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | KELSO, LISA L | | 4. 2 NAME | |
| STREET ADDRESS | 7676 D PETERS ROAD | | 4.3 STREET ADDRESS | \$ |
| CITY-ST-ZIP | PLANTATION FL | ····· | 4.4 CITY-ST-ZIP | |
| TITLE | P | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | REITER, BEN | | 5.2 NAME | |
| STREET ADDRESS | 7676 D PETERS ROAD | | 5.3 STREET ADDRESS | s |
| CITY-ST-ZIP | PLANTATION FL | | 5.4 CITY - ST - ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADORESS | | | 6.3 STREET ADDRESS | s |
| CITY-\$1-ZIP | | | 6.4 CITY - ST - ZIP | |

14. Thereby 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 attact yithen the supplemental supplementation of the receiver or trustee on the supplementation of the receiver or trustee.

SIGNATURE:

alklas

954-474 2298