

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J61317

(0)

1. Corporation Name:

BERRIOS HEALTH, INC.

Principal Place of Business:

9624 FONTAINEBLEU BLVD.
MIAMI FL 33172

Mailing Address:

9624 FONTAINEBLEU BLVD.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1987

3a. Date of Last Report

03/24/1994

4. FEI Number

59-2785341

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

9. Has a corporation ever failed to incorporate the books of 1993

☐ 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

9. Name and Address of Current Registered Agent

BERRIOS, JOSE A.
9624 FONTAINEBLEU BLVD
MIAMI FL 33172

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation adopts 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 this appointment as registered agent. I am familiar with and accept the obligations of the Secretary of State, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

Signature

12. OFFICERS AND DIRECTORS

NAME	PD BERRIOS, JOSE A., M.D.
STREET ADDRESS	9624 FONTAINEBLEU BLVD
CITY & STATE	MIAMI FL
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01 and 607.02, Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSE A. BERRIOS, PRESIDENT

X 4/27/95

X 05/25/0100