

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 # K03039 (0)

1. Corporation Name

FIG HEALTHCARE, INC.



Principal Place of Business

16800 N.W. 2 AVE #207 502
MIAMI FL 33169-2587

Mailing Address

16800 N.W. 2 AVE #207 502
MIAMI FL 33169-2587

3. Date Incorporated or Qualified
11/20/1987

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

4. FEI Number
65-0022961

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIGUEROA, MIGUEL
16800 NW 2ND AVE., #207 502
MIAMI FL 33169-2587

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 date of signature

Signature typed or printed name of new registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FIGUEROA, MIGUEL
STREET ADDRESS 16800 NW 2ND AVE #207 502
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME BHASKARAN, THOTTANKARA
STREET ADDRESS 16800 NW 2ND AVE #207 502
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE SD
NAME ZAHN, EDMUND K. MD
STREET ADDRESS 16800 NW 2ND AVE #207 502
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE TD
NAME PAL, JAIME L. MD
STREET ADDRESS 16800 NW 2ND AVE #207 502
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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 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:

Miguel Figueroa (Miguel Figueroa)

4/6/96

651-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exempt Phone #

CR2E034 (12/95)