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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

FILED									
Aug 05 1998 8:00am									
Secretary of State									

, FIG HE	ALTHCARE, INC.										
►Principal Place	e of Business	Mailing A	ddress						JERRA OLDIL BIETI DI	(B) B	
16800 NW 2N	ID AVNEUE	16800 N	W 2ND AVENUE								
SUITE 502 SUITE 502							SO NOT MISITE IN THE	10 00 A O E			
MIAMI FL 33169-2587 MIAMI FL 33169-2587								DO NOT WRITE IN THIS SPACE			
US US							3. Date Incorporated or Qualified				
Do Nativa Address								11/20/1987 4. FEI Number		Applied For	
2. Principal Place of Business 28. Mailing Address								65-0022961		ot Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.										Additional	
22 27								6. Certificate of Status Desired		Required	
City & State City & State					Election Campaign Financing \$5.00 May Be) May Be		
23		28	├ ─					Trust Fund Contribution Added to Fees			
Zip	Country	Zip				,		8. This corporation owes or has paid the	current year Ir	ntangible	
24	25	29		30				Personal Property Tax due June 30.		□ No	
	9. Name and Address of Curre	ent Registered A	gent		ļ.,			10. Name and Address of New Register	d Agent		
FIG	Bu er oa, Miguel				81	Name)				
16	800 NW 2ND AVENUE				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			
SU	ITE 502					ļ					
MU	AMI FL 33169-2587				83						
					84	City			. 85 Zip	Code	
	<u> </u>				1 1	1			` ┗▄ │ │		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.150	8, Florida Statu	tes, the a	bove d hu	e-named	d corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing on the changing of the change of the change of the change of the change of the changing of the cha	its registered s registered	
agent. 1 a	m fa miliar with, and accept the obli	gations of Section	on 607.0505, FI	orida Sta	tules	S.	portano	and board of directors. Thereby decept the c	ppomariona	o rogiotoroa	
SIGNATURE											
	Signature, typed or printed name of registered a		ble (NO			ent signatur	re required	d when reinstating) DATI		OC IN 10	
12.		ND DIRECTORS	DELETE	13. 1.1 l			Т	ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	PD BOUEDON MICHEL		[DELETE						TT CURING	LT Addition	
NAME	FIGUEROA, MIGUEL 16800 NW 2ND AVE #502			12 N					i		
STREET ADDRESS	MIAMI FL					ADDRESS					
CITY-ST-ZIP	VD VD		DELETE	2.1 T		ST - ZIP			Change	Addition	
TITLE	B HASKARAN, THOTTANKAI	DA	☐ otten	2.1 I					Critising		
NAME	16800 NW 2ND AVENUE #					********					
STREET ADORESS	MIAMI FL	302				ADDRESS					
CITY-ST-ZIP TITLE	SO SO		DELETE	3.1 T		ST-ZIP	+		Change	Addition	
NAME	ZAHN, EDMUND K. MD			3.2 N							
·····	16800 NW 2ND AVENUE #	502				ADDRESS					
STREET ADDRESS	MIMAI FL	OUL.				ST-ZIP					
CITY-ST-ZIP TITLE	TD		DELETE	4.13		OI-FIE	1		Change	Addition	
NAME	PAL, JAIME L., MD				NAME		1				
STREET ADDRESS	16800 NW 2ND AVENUE #	502		i i		ADDRESS					
CITY+ST-ZIP	MIAMI FL			l l		3T- 2 IP					
TITLE	April Man 1 to		DELETE	5.1 7		11 - EIC	+-	ropogesoe	Change	Addition	
NAME					AME			-08/06/9801068	n a o		
STREET ADDRESS						I ADDRESS		***550.00	976		
CITY-ST-ZIP						ST - Z IP		കക്കിന് സ്			
TITLE			DELETE	6.1 T		r. 611	1		☐ Change	☐ Addition	
NAME					IAME				·	de	
STREET ADDRESS						T ADDRESS				A. 5	
CHTY-ST-ZIP						ST - Z IP				ر، ه	
VIII - VI-40				0.4 0							

14. I 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 at rustee 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.