FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90116 032 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secret my of State DIVISION OF CORPORATIONS

DOCUMENT # **K27742**

1. Corporation Name

HIALEAH MED PLUS, INC.

Fillicipal Frace	e of Business	Mailing Address					
840 E 25 ST.		840 E 25 ST.					
C		С					
HIALEAH FL 33	013	HIALEAH FL 33013			DO NOT WRITE IN T	FIS SPACE	
US		US			orporated or Qualifed		
				07/07/			
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Num		App	lied For
21		26		65-006	4696	Not	Applicable
Suite, Act.	#, etc.	Suite, Apt. #, etc.		5 Contiferent	of Status Desired (V	\$8.75 A	dditional
22		27		5. Certifo ate	e of Status Desired 💢	Fee Red	uired
City & State		City & State	 ,	6 Election	Campaign Financing	\$5.00	May Be
⊢ '	-	28		i i	ad Contribution	Added to	
Zip	Cour try	Zip	Country		oration owes the current year	r ntangible	
	· ·		30	,	Property Tax.		J a No
24	9. Name and Address of Cur		30		nd Address of New Registe		
	9. Name alla Address of Cui	Telli Registered Agent	81 Name				
7()R	NOSA, RAFAEL		Traine	Zornos	a, Çkiudia		
840 E 25 ST.			82 Street Ac	dress (P.O. Box N	lumber is Not Acceptable)		
	L 23 31.			243 E.	<u> 25 54</u>		
#C	5411 EL 00040		83	4 0			
HIAL	EAH FL 33013			<u># C</u>		85 Zip C	Code
				gleah		ع <i>ود</i> ا "ا FL	
11 Pursuant	to the provisions of Scctions 607.0	0502 and 607.1508, Florida Statute	e the above-named or	rnoration submits	this statement for the purpos	e of changing its	registered
office cr r	egistered agent, or bo.b, in the Sta	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	thorized by the corpora	tion's board of cir-	ectors. I hereby accept the a	ppointment as reg	j stered
agent. a	m familiar with, and accept the ob	ligations of, Section 607.0505, Fion	da Statutes.	. I. Amo			
SIGNATURE			Registered Agent signature requ	11155	DAT	<u> </u>	\
	Signature, typed or printed na ne of registered	ANI) DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	IS/CHANGES TO OFFICER		FIS IN 12
12.	PD	DELETE	1.1 TITLE	PD	IS/OTIANGES TO OTT TOETS	Change	Addition
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	HIALEAH FL 33013	DELETÉ	1.4 CITY- ST-ZIP	Higlary	FC 33017	Change	☐ Addition
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6.4 CITY-ST-ZIP 14. 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, with a fother like empowered.

305 P.3680<u>16</u>