

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$775)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

94 DEC 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K28522 (6)

1. Corporation Name
MULTI CARE MEDICAL AND DIAGNOSTIC CENTER, INC.

300001395473
-02/01/95--01067--009
****225.00 ****225.00

Mailing Address
782 NW LEJEUNE RD
SUITE 641
MIAMI FL 33126

Principal Place of Business
782 NW LEJEUNE RD
SUITE 641
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1988	3a. Date of Last Report 05/01/1993
4. FEI Number 65-0075184	Applied For ☐ Not Applicable
5. Certificate of Status Desired \$8.75-Additional Feb Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Country 24 Zip	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Country 29 Zip
---	--

9. Name and Address of Current Registered Agent

GOMEZ CARIDAD
782 N.W. LEJEUNE ROAD, #641
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	1.1 TITLE	
1.2 NAME	GOMEZ, CARIDAD	1.2 NAME	
1.3 STREET ADDRESS	782 N.W. LEJEUNE RD #641	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12.30 KC

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

8/15/94

(305) 444-4890