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'PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

~~~!!	1996	. 1/0000	?' ^	DIVISION OF						
DOCUI . Corporation	MENT # on Name	# K30936	b	(4)						
LAGO	Marsino N	MEDICAL, INC.					1 (84)8111 866 1444 8846 1846 1846	a anii didii d	iðir <del>Ríð</del> ri ðrðri	Arani Arani Isal
,	e of Business	<b>.</b>		iling Address	DIM					
SUITE 221	Broward Blvi Erdale Fl 3331		\$	027 West Broward Buite 221 Ort Lauderdale Fi						
TOM DIDDE	elibrica de door	•	•	OHI CHOOCHONEE TI	2 00017		3. Date Incorporated or Qualified 08/12/1988	<b>3a</b> . Da	te of Last Re 02/02/198	eport <b>95</b>
Principal Pl	lace of Business	ŝ	2a. 26	Mailing Address			4. FEI Number 65-0063044	•	<b>├</b>	Applied For Not Applicable
Suite, Apt.	#, etc.	and a second control of the second of the se		Suite, Apt. #, etc.			Certificate of Status Desired			Additional
Cau & Stot			27	City & State				<u> </u>		Required
Orty & State	(e)		28	City & State			6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zγp	-	Country	<del>-</del>	Zip	Coun	try	8. This corporation has liability for Florida Statutes	intangible	tax under s	199.032,
	9, Name ar	o nd Address of Current	29 t Regist	ered Agent	30		10. Name and Address of New F		d Agent	
					1	Name				
Lagomarsino, arturo c. 7027 w. Broward Blvd.				-		Street Add	ddress (P.O. Box Number is Not Acceptable)			
SUITE 2	221				1	33			·	
FORT L	AUDERDALE	FL 33317			1	84 City FL 85 Z ₁			D Code	
i. Pursuant	to the provision	s of Sections 607.0502	and 607	.1508, Florida Statut	es, the abov	 e-named corpo	ration submits this statement for the pu	roose of o	hanoina ite r	egistered office
or register	it and a second	stri, in the State of Florid								
							rd of directors. I hereby accept the app		·	
GNATURE		the obligations of, Section of the obligations of the obligation of the obligation of the obligation of the obligations of the	and title if ay	oplicable (NC		gent signature require		DATE		
GNATURE L	Signature, typed on p	prince name of registered agent a OFFICERS AND	and title if ay	oplicable (NC	13.	gent signature require	ed when reinstating)	DATE		
GNATURE L H ME	Signature, Special of p  D  LAGOMAI	OFFICERS AND	and title if ay	opiotable (NC TORS	13. 1.1 TIT	gent signature require	ed when reinstating)	DATE	ID DIRECTO	IRS IN 12
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