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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K30936

(4)

LAGOMARSINO MEDICAL, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7027 WEST BROWARD BLVD. 7027 WEST BROWARD BLVD. **SUITE 221** SUITE 221 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33317 FORT LAUDERDALE FL 33317 3. Date Incorporated or Qualified 08/12/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0063044 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zìp Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 ☐ Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAGOMARSINO, ARTURO C. 7027 W. BROWARD BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 221 83 FORT LAUDERDALE FL 33317 City 84 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e (NOTE B	Registered Agent signature	rectified when reinstation)	DATE	<u></u>
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS /			R\$ IN 12
TITLE	D	DELETE	1.1 TITLE		Change	☐ Addition
NAME	LAGOMARSINO, ARTURO C.		1.2 NAME			
STREET ADDRESS	900 E COCO PLUM CIR		1.3 STREET ADDRESS			
CITY - ST - ZIF	PLANTATION FL		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change	Addition
NAME	LAGOMARSINO, ALDA C.		2.2 NAME			
STREET ADDRESS	900 E COCO PLUM CIR		2.3 STREET ADDRESS			ı
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			ĺ
STREET ADDRESS			3.3 STREET ADDRESS			
City - ST - ZIP			3.4. CITY~ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME		i	5.2 NAME			ľ
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		_	5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME)
STREET ADDRESS			6.3 STREET ADDRESS			
מודע כד זום			6.4 CITY ST 7ID			

14. Thereby 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed or

SIGNATURE: \

JRE REQUIRED

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