

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K54438** (2)

1. Corporation Name

MEDICAL SERVICE PROVIDERS, INC.



Principal Place of Business

Mailing Address

8530 NW 30 TERRACE
~~SUITE 112~~
MIAMI FL 33122
US

% LESTER G. KATES, ESQ.
1647 S.W. 27TH AVE.
MIAMI FL 33145

2. Principal Place of Business

21 **8550 NW 30 Terrace**

2a. Mailing Address

26 **2655 LeJeune Road**

Suite, Apt. #, etc.

27 **807**

City & State

28 **Coral Gables, Florida**

Zip

29 **33134**

Country

30 **USA**

City & State

23 **Miami, FL**

Zip

24 **33122**

Country

25 **USA**

9. Name and Address of Current Registered Agent

KATES, LESTER G., ESQ.
1647 S.W. 27TH AVE.
MIAMI FL 33145

3. Date Incorporated or Qualified

12/29/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0094206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **2655 LeJeune Road, Suite 807**

84 City

Coral Gables

FL

85 Zip Code

33134

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.

SIGNATURE

Lester G. Kates

LESTER G. KATES, ESQ.

3/12/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **BLANCO, ALBERTO**
CITY-ST-ZIP **8530 NW 30 TERRACE**
MIAMI FL

TITLE ☐ DELETE

NAME **STD**
STREET ADDRESS **GOMEZ, GUSTAVO J**
CITY-ST-ZIP **8530 NW 30 TERRACE**
MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

8550 N.W. 30 Terrace

8550 N.W. 30 Terrace

900001822599

-05/15/96--01055--027

*****200.00**

☐ Change

☐ Addition

3/15/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Alberto Blanco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERTO BLANCO

4/16/96 (305) 591-0788

Date: Day: Time: Phone: #

CR2E034 (12/95)