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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED AND FILED

95 APR 18 PM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # L20921 (7)

1. Corporation Name
THE 98 & 40 ST. MEDICAL CLINIC, INC.

Principal Place of Business
C/O ARMANDO ZALDIVAR
9845 SW 40 ST.
MIAMI FL 33165
US

Mailing Address
% ARMANDO ZALDIVAR
P. O. BOX 441489
MIAMI FL 33144-1489
US

3. Date Incorporated or Qualified: 10/03/1989
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0152533 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ZALDIVAR, ARMANDO
951 SW 42ND AVE., SUITE 202
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: ZALDIVAR, ARMANDO
82 Street Address (P.O. Box Number is Not Acceptable): 12200 VISTA LANE
83
84 City: MIAMI FL
85 Zip Code: 33156

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 (X) ARMANDO ZALDIVAR - PRESIDENT 04-14-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | ZALDIVAR, ARMANDO | 1.2 NAME | ZALDIVAR, ARMANDO | |
| STREET ADDRESS | 9845 SW 40TH ST | 1.3 STREET ADDRESS | 12200 VISTA LANE | |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | MIAMI - FL 33156 | |
| TITLE | | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | | |

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: (X) ARMANDO ZALDIVAR - PRESIDENT 4-14-95 305-225 1681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420030 FP