

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 21 AM 9:07

DOCUMENT # L26891

(6)

1. Corporation Name
SPECTRUM MEDICAL SERVICES, INC.



Principal Place of Business

8585 SUNSET DRIVE
EAST ATRIUM #10
MIAMI FL 33143-3746
US

Mailing Address

8585 SUNSET DRIVE
EAST ATRIUM #10
MIAMI FL 33143-3746
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/31/1989 3a. Date of Last Report 04/15/1996

4. FEI Number 65-0171239 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business

21 7171 CORAL WAY

22 Suite Apt. #, etc. 100

23 City & State MIAMI FL

24 Zip 33155

25 Country DADE

2a. Mailing Address

26 7171 CORAL WAY

27 Suite Apt. #, etc. 100

28 City & State MIAMI FL

29 Zip 33155

30 Country DADE

4. FEI Number

65-0171239

5. Certificate of Status Desired ☐

6. Election Campaign Financing Trust Fund Contribution ☐

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANCHEZ, LUIS A.
7325 SW 78 CT
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name SANCHEZ, LUIS A

82 Street Address (P.O. Box Number is Not Acceptable) 11307 SW 74 TERR

83

84 City MIAMI

85 Zip Code FL 33155

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DPS ☐ DELETE

NAME SANCHEZ, LUIS A.

STREET ADDRESS 7325 SW 78 CT

CITY-ST-ZIP 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

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME SANCHEZ, LUIS A

1.3 STREET ADDRESS 11307 SW 74 TERR

1.4 CITY-ST-ZIP MIAMI FL 33155 ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE 500002245225 ☐ Change ☐ Addition

3.2 NAME -07/23/97--01085--010

3.3 STREET ADDRESS *****165.00 *****165.00

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby 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 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 dec 7/93 7/15/97 305-244-2021

CR2E034 (4/97)