## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # L26891**

1. Corporation Name

SPECTRUM MEDICAL SERVICES, INC.

| Principal Place of Business   | Mailing Address  |  |   |  |                              |
|---|--|--|---|--|------------------------------|
| 7171 CORAL WAY, SUITE 100   | . 7171 CORAL WAY. SL   | JITE 100   |   |  |                              |
| MIAMI FL 33155  |  |  |   | DO NOT WRITE IN THIS SPACE   |                              |
| US  | US   |  |   | 3. Date Incorporated or Qualifed   |                              |
|   |  |  |   | 10/31/1989   | For                          |
| 2. Principal Place of Business  | 2a. Mailing Address  |  | -   | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | plicable                     |
| <del></del> 1   | 26   |  |   | 65-0171239   Not Api   |                              |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc   |  | •   | 5. Certificate of Status Desired Fee Require   |                              |
| 22  | 27   |  |   |  | <del></del>                  |
| City & State  | City & State   | ÷  |   | G. Elconori Carripa gir  |                              |
| 23  | 28   |  |   | Trust Fund Contribution Added to Fe  8. This corporation owes the current year Intangible  | $\overline{}$                |
| Zip Country   | Zip  | Cou  | ntry  | 8. This corporation owes the current year thanging  Personal Property Tax.   Yes   I   | 10                           |
| 24 25   | 29   | 30   |   | 10. Name and Address of New Registered Agent   |                              |
| . 9. Name and Address of Curren   | nt Registered Agent  |  | 81 Name   | IV. Italile and reverse  |                              |
| August 1110 A Superior Star S   |  |  | \   |  | -                            |
| SANCHEZ, LUIS A.  | riC.   |  | 82 Street Addr  | ess (P.O. Box Number is Not Acceptable)  | Sign control                 |
| 11307 SW 74 TERRACE   | •  | •  | 83  | The same of the sa | \$14 Z1                      |
| MIAMI FL 33155  | $\frac{1}{2}$  |  | 03  | (A) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | <u> </u>                     |
|   |  | ,  | 84 City   | FL 85 Zip Cod  |                              |
|   | 44   | -,-  | <u> </u>  | 4.5 No expense of changing its rea   | istered                      |
| 11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig   | of Florida. Such change<br>ations of, Section 607.050  | was authorized<br>5, Florida Stat  | d by the corporati<br>tutes.  | poration submits this statement for the purpose of changing its reg<br>on's board of directors. I hereby accept the appointment as regist  |                              |
|   |  |  |   | ad when reinstating) . **  |                              |
| Signature, typed or printed name of registered ag   | ND DIRECTORS   | 13.  |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  | IN 12                        |
|   | DELE   | TE 1.1 T   | IILE .  | ☐ Change   | ☐ Addition                   |
| NAME SANCHEZ, LUIS A.   |  |  |   |  | _                            |
|   |  | 1.2 N  | AME   |  |                              |
| 1 44007 (01/17/11-00)   |  | 1  | t   |  |                              |
| STREET ADDRESS 11307 SW 74 TERR   |  | 1.3 5  | STREET ADDRESS  |  |                              |
| CITY-ST-ZIP MIAMI FL 33173  | <b>∏</b> DELI  | 1.3.5<br>1.4.0   | t   | Change   | Addition                     |
| MIAMI EL 33173  | ☐ DELI   | 1.3 S<br>1.4 C<br>ETE 2.1 T  | STREET ADDRESS CITY-ST-ZIP  | Change   |                              |
| CITY-ST-ZIP MIAMI FL 33173 TITLE NAME   | ☐ DELI   | 1.3 S<br>1.4 C<br>2.1 T<br>2.2 P   | STREET ADDRESS  CITY-ST-ZIP  ITTLE  NAME  | ☐ Change   |                              |
| CITY-ST-ZIP MIAMI FL 33173  | [] DELI  | 1.3 S<br>1.4 C<br>ETE 2.1 I<br>2.2 P   | STREET ADDRESS  CITY-ST-ZIP  IITLE  NAME  STREET ADDRESS  |  | Addition                     |
| CITY-ST-ZIP MIAMI FL 33173 TITLE NAME   | 4  | 13.5<br>14.0<br>ETE 2.11<br>2.21<br>2.33<br>2.4  | STREET ADDRESS  CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP   |  |                              |
| CITY-ST-ZIP MIAMI FL 33173 TITLE NAME STREET ADDRESS  | DELI   | 13 S<br>14 C<br>ETE 2.11<br>2.21<br>2.33<br>2.4<br>ETE 3.1   | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |  | Addition                     |
| CITY-ST-ZIP MIAMI FL 33173  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | 4  | 13 S<br>14 C<br>211<br>221<br>23 S<br>2.4<br>ETE 3.1'<br>3.2'  | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | ☐ Change   | ☐ Addition ☐ Addition        |
| CITY-ST-ZIP MIAMI FL 33173  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | 4  | 13 S 1.4 C ETE 2.11 2.21 2.33 2.4 ETE 3.1 3.2 3.3  | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | ☐ Change   | ☐ Addition                   |
| CITY-ST-ZIP MIAMI FL 33173  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE   | SECTION CONTRACTOR OF THE CONT | 13 S 14 C ETE 211 221 23 S 2.4 ETE 3.1 3.2 3.3   | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  | ☐ Change   | ☐ Addition ☐ Addition        |
| CITY-ST-ZIP MIAMI FL 33173  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS STREET ADDRESS   | 4  | 13 S 14 C ETE 211 221 23 S 2.4 ETE 3.1 3.2 3.3 3.4 ETE 4.1   | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | ☐ Change   | Addition                     |
| CITY-ST-ZIP MIAMI FL 33173  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME TITLE TITLE TITLE   | DEL  | 13 S 14 C ETE 211 221 23 S 2.4 ETE 3.1 3.2 3.3 3.4 ETE 4.1   | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME   | ☐ Change   | Addition                     |
| CITY-ST-ZIP MIAMI FL 33173  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  | SECTION CONTRACTOR OF THE CONT | 13.5<br>1.4.0<br>2.11<br>2.21<br>2.35<br>2.4<br>ETE 3.1<br>3.2<br>3.3<br>3.4<br>ETE 4.1  | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS   | ☐ Change ☐ Change  | Addition Addition Addition   |
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| CITY-ST-ZIP MIAMI FL 33173  TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS  | □ DEL  | 13.5 1.4 CETE 2.1 1 2.2 1 2.3 3 2.4 ETE 3.1 3.2 4.3 4.4 4.2 ETE 5.1 5.2 5.3  | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                        | ☐ Change☐ Cha  | Addition  Addition  Addition |
| CITY-ST-ZIP MIAMI FL 33173  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS | □ DEL  | 13.5<br>14.6<br>ETE 2.17<br>2.27<br>2.33<br>2.4<br>ETE 3.1<br>3.2<br>3.3<br>3.4<br>4.7<br>4.2<br>4.3<br>4.4<br>4.5<br>5.1<br>5.2<br>5.3<br>5.4 | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP            | ☐ Change☐ Cha  | Addition  Addition  Addition |
| CITY-ST-ZIP MIAMI FL 33173  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  | □ DEL  | 13.5 1.4 CETE 2.1 1.3 2.4 2.4 3.3 4.4 4.4 4.5 5.1 5.2 5.3 5.4 LETE 6.1 6.1 6.1 6.1 6.1 6.1 6.1 6.1 6.1 6.1                                     | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE           | ☐ Change☐ Cha  | Addition Addition Addition   |
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14. I 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 trystee 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, with all other like empowered.

SIGNATURE:

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90018 042 \*\*\*150.00