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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 09 1996 8:00 am
Secretary of State

DOCUMENT # L29635 (4)

1. Corporation Name

PRIME MEDICAL CARE, INC.



Principal Place of Business

Mailing Address

3400 CORAL WAY
STE 101
MIAMI FL 33145
US

3400 CORAL WAY
STE 101
MIAMI FL 33145
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDESUSO, ANA M.
VALDESUSO, ANA M., PA
2600 DOUGLAS RD., SUITE 309
CORAL GABLES FL 33134

81 Name FUENTES, JOAQUIN R.
82 Street Address (P.O. Box Number is Not Acceptable)
3400 CORAL WAY, STE 101
83
84 City MIAMI FL 85 Zip Code 33145

11. Pursuant to the provisions of Sections 607.0507 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 JOAQUIN R. FUENTES, Sec. x *J. Fuentes* Feb. 1, 1996
Signature, typed or printed name of registered agent and then applicable (NOT for Florida Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☒ DELETE
NAME VALDESUSO, CESAR J.
STREET ADDRESS 3661 S MIAMI AVE #807
CITY-ST-ZIP MIAMI FL

1 TITLE D/P/T ☒ Change ☐ Addition
2 NAME VALDESUSO, CESAR J.
3 STREET ADDRESS 3661 S. MIAMI AVE. #807
4 CITY-ST-ZIP MIAMI, FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 TITLE V ☐ Change ☒ Addition
6 NAME CARLOS VALDESUSO
7 STREET ADDRESS 3400 CORAL WAY, SUITE 101
8 CITY-ST-ZIP MIAMI, FL. 33145

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

9 TITLE S ☐ Change ☒ Addition
10 NAME JOAQUIN R. FUENTES
11 STREET ADDRESS 3400 CORAL WAY, SUITE 101
12 CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 TITLE ☐ Change ☐ Addition
14 NAME
15 STREET ADDRESS
16 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

17 TITLE ☐ Change ☐ Addition
18 NAME
19 STREET ADDRESS
20 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 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: CESAR J. VALDESUSO, *C. Valdesuso* Feb. 1, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)