

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 3: 27

DOCUMENT # **L37823** (6)

1. Corporation Name

MEDICAL UNITY, INC.

Principal Place of Business

P O BOX 171126
HALEAH FL 33017

Mailing Address

P O BOX 171126
HALEAH FL 33017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/21/1989

3a. Date of Last Report

03/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

65-0172323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 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

22. City & State

23

City & State

27. City & State

28

City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TARACIDO, MANUEL E
160 N UNIVERSITY DR
PEMBROKE PINES 33024**

81. Name

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

83.

84. City

FL

85. Zip Code

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
TARACIDO, MANUEL E
160 N UNIVERSITY DR
PEMBROKE PINES FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
LUNA, DR JORGE D, DO
160 N UNIVERSITY DR
PEMBROKE PINES FL**

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
JUNCO, DR HECTOR, MD
160 N UNIVERSITY DR
PEMBROKE PINES FL**

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
FUNDORA, WILFREDO
160 N UNIVERSITY DR
PEMBROKE PINES FL**

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 this 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 applicable, or on an attachment with an address.

SIGNATURE:

Signature AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel E. Taracido

3/23/95

4314425