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

**PROFIT** CORPORATION ANNUAL REPORT



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

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(6)

DOCUMENT #
1. Corporation Name

MED	ICAL UNITY, INC.								
Principal Place	e of Business	Mailing Address		E VERMON WOR HANN HERRY HOND COMPANY OF MAIN BIRM BIRM BIRM BERK BIRM I					
P O BOX HIALEAH I		<del>P O DOX 171126</del> 1HALEAH FL 63017							
				3. Date Incorporated or Qualified   3a. Date of Last Report   12/21/1989   03/28/1995					
Principal Place of Business     2a. Mailing		2a. Mailing Address	111 5	4. FEI Number Applied For					
		-   Y	Moismist						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required					
City & Stati	e	City & State  28 MIAMI Bu	d.Fe	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip	Country	Zip a a	Country	8. This corporation has liability for intangible tax under s 199.032,					
24	25		o Dade	Florida Statutes Yes No					
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Registered Agent					
*454	0/00 44411/P/ F								
	CIDO, MANUEL E		82 Street	Street Address (P.O. Box Number is Not Acceptable)					
	<del>l University dr</del> I <del>roke Pines 8382</del> 4		83	+10 Souly Albismon					
FEMD	MONEY INCO GOOZ4								
			84 City	MIONIBERCH FL 85 Zip Code 33139					
or register	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect Signature, typed or printed name of registered agent	da. Such change was authorized to 607,0505, Florida Statutes.  and title if applicable (NOTE: F	by the corporation's  Registered Agent signature in						
12.	OFFICIERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	☐ DELETE	1. 1 TITLE	Change 🗖 Additio					
NAME	TARACIDO, MANUEL E		1.2 NAME	290 South Hibiscus Dr Mrom, Beach, Fl 33139					
STREET ADDRESS	PEMBROKE PINES FL		1.3 STREET ADDRESS	Mars Back 60 22129					
CITY-ST-ZIP TITLE	VD VD	☐ DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	Change Addition					
NAME	LUNA, DR JORGE D, DO	L. Obst.	22 NAME						
STREET ADDRESS	160 N UNIVERSITY DR		23 STREET ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL		24 CITY-ST-ZIP						
TITLE	VD	☐ DELETE	3 1 TITLE	Change Additio					
NAME	JUNCO, DR HECTOR, MD		3 2 NAME						
STREET ADDRESS	160 N UNIVERSITY DR		3.3. STREET ADDRESS						
CITY - ST - ZIP	PEMBROKE PINES FL		34 CITY-ST-ZIP						
TITLF	SD	DELETE	4 1 TITLE	Change Additio					
NAME	FUNDORA, WILFREDO		4 2 NAME						
STREET ADDRESS	160 N UNIVERSITY DR		4 3 STREET ADDRESS						
CITY - \$1 - ZIP	PEMBROKE PINES FL	☐ DELETE	4 4 CITY-ST-ZIP	Change Additio					
TITLE			5 1 THILE						
NAME CIRCLI ADDRESS			5 2 NAME						

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 Blook 13 in grant of, or example of the corporation of th

54 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6 1 TITLE 62 NAME

**SIGNATURE:** 

CITY - ST - ZiP

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

MANUEL TARADO

DELETE

305 3588007

Change Addition