FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L38022** **(4)**

1. Corporation Name
MEPH MEDICAL MNGT. INC.

Principal Place of Business	Mailing Address
1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134	1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 600 W. 20th ST.	26 600 W. 20th ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HIALEAH, FL	City & State 28 HIALEAH, FL
Zip 24 33010 Country 25 DADE	Zip 29 33010 Country 30 DADE

4. FEI Number: 65-0210479 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRACERAS, WILFRED
1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: BRACERAS, WILFRED
82 Street Address (P.O. Box Number is Not Acceptable): 600 W. 20 STREET
83:
84 City: HIALEAH FL 85 Zip Code: 33010

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: X Wilfred Braceras (Signature, Name & Capacity/Title of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 04/21/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D/S/PT ☒ Change ☐ Addition
NAME	BRACERAS, WILFRED	12 NAME	BRACERAS, WILFRED
STREET ADDRESS	1200 PONCE DE LEON BLVD.	13 STREET ADDRESS	600 W. 20 Street
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	HIALEAH, FL 33010
TITLE	~~SD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~BEL, BEATRIZ~~	22 NAME	
STREET ADDRESS	~~1200 PONCE DE LEON BLVD.~~	23 STREET ADDRESS	
CITY ST ZIP	~~CORAL GABLES FL~~	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: X Wilfred Braceras 04/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0138054 CP