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

PROFIT
CORPORATION
ANNUAL REPORT

~1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L45697

(4)

A.V.F. MEDICAL SERVICES, P.A. Principal Place of Business Mailing Address **5848 NW 169TH ST** 6848 NW 169TH ST MIAMI FL 33015 MIAM! FL 33015-4210 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1990 03/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0172286 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: 23 28 Added to Fees Zψ Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032 Yes No 25 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FUENTES, AMAURY V. 6848 NW 169TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 83 84 City 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. Stgr. danc, typi dior per trial rane of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Change Addition TILE 1.1 7tTL6 FUENTES, AMAURY V. NAME 1.2 NAME 6848 NW 169TH ST STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP City St 7F DELETE THE 21 TITLE ☐ Change Addition FUENTES, OLGA NAME 2.2 NAME 6767 CORDINS AVE., STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL City - St - ZiP 2. 4 CITY - \$1 - ZIP Change DELETE TILE 3.1 TITLE Addition MAME 3.2 NAM8 STREET ADDRESS 3 3 STREET ADDRESS CITY 51-76 3.4. CITY - ST- ZIP DELETE THEF 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-7P 4.4 CITY - ST - ZIP □ DELETE 111.F 5.1 TITLE □ Addition MAME 5.2 NAME STHEET ADDRESS 5.3 STREET ADDRESS CBY-ST-26 5.4 CITY - ST - ZIP DELETE Addition THUE 6.1 TITLE Change NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 Larn 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:

City St-741

SIGNATURE AND THEO OF PRINTED NAME OF SIGNAMO OFFICER OF DIRECTOR

2-4-99(305)8289102

FILED

Feb 25 1997 8:00am

Secretary of State

Daytime Prone #