

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L78505 (9)

1. Corporation Name
KENDALL MEDICAL COPY SERVICE, INC.

Principal Place of Business
% MICHAEL K. FISH
12515 N KENDALL DR. SUITE 304
MIAMI FL 33186

Mailing Address
% MICHAEL K. FISH
12515 N KENDALL DR. SUITE 304
MIAMI FL 33186

APPROVED
AND
FILED

96 SEP -3 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 18830 SW 19TH ST
Suite, Apt. #, etc.

22 1
City & State

23 MIAMI, FL
Zip

24 33186 Country

2a. Mailing Address

26 18830 SW 19TH ST
Suite, Apt. #, etc.

27 1
City & State

28 MIAMI, FL
Zip

29 33186 Country

3. Date when created or Qualified 06/07/1990

3a. Date of Last Report 05/01/1995

4. FEI Number 65-0196771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FISH, MICHAEL K.
12515 N KENDALL DR
SUITE 304
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 7700 N Kendall DR SUITE 505
84 MIAMI FL 33186

11. Pursuant to the provisions of Sections 607.0605 and 607.1305, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

12. OFFICERS AND DIRECTORS

1. TITLE D
NAME PAZ, HECTOR L
STREET ADDRESS 4580 NW 7TH STREET
CITY-ST-ZIP MIAMI FL

2. TITLE VP
NAME PAZ, HECTOR
STREET ADDRESS 4580 NW 7TH STREET
CITY-ST-ZIP MIAMI FL

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing was truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-ST-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-ST-ZIP

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8/22/96 (325) 863-2030

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