

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L87077** (8)

1. Corporation Name

PRESTIGE MEDICAL INCORPORATED

Principal Place of Business

**2240 W 78TH ST
HIALEAH FL 33016**

Mailing Address

**2240 W 78TH ST
HIALEAH FL 33016**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/13/1990

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 **2170 W 73 St** 26 **2170 W.73 Street**

4. FEI Number
65-0205708

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

23 **Hialeah, FL**

28 **Hialeah, FL**

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24 **33016** 25 **Dade**

29 **33016** 30 **Dade**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, J. EVERETT
80 S.W. 8TH STREET
SUITE 2000
MIAMI FL 33130**

81 Name

J. Everett Wilson

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

2151 LeJeune Road

83

Mezzanine Floor

84 City

Coral Gables FL

85 Zip Code

33134

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]

J. Everett Wilson

4/28/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD**
NAME **RODRIGUEZ, RAUL**
STREET ADDRESS **2240 W 78TH ST**
CITY - ST - ZIP **HIALEAH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSTD** ☒ Change ☐ Addition
1.2 NAME **RODRIGUEZ, RAUL**
1.3 STREET ADDRESS **2170 W. 73 Street**
1.4 CITY - ST - ZIP **Hialeah, FL 33016**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 the corporation or the owner, or trustee empowered to execute this report as required by Chapter 007, 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 ON BLOCK 14

RAUL RODRIGUEZ 4/28/95 (305) 820-0430

Print

Telephone: (Area)