

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L87077** (8)

1. Corporation Name

**PRESTIGE MEDICAL INCORPORATED**

Principal Place of Business

**2170 W. 73 ST.  
HIALEAH FL 33016  
US**

Mailing Address

**2170 W. 73 STREET  
HIALEAH FL 33016  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

**WILSON, EVERETT J.  
2151 LEJEUNE ROAD  
MEZZANINE FLOOR  
CORAL GABLES FL 33134**

**81** Name

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

**83**

**84** City

3. Date Incorporated or Qualified  
**07/13/1990**

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

4. FEI Number

**65-0205708**

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and for applicable

2001b. Registered Agent signature required when not eligible

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE PSTD  
NAME RODRIGUEZ, RAUL  
STREET ADDRESS 2170 W. 73RD STREET  
CITY-ST-ZIP HIALEAH FL**

☐ DELETE

**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.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Raul Rodriguez 5/1/96 305-826-0244**

FILED

96 MAY -1 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (12/95)