**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 #** L89172 (5)

1. Corporation Name

FIRST MEDICAL SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1450 Coral Way<br>Suite 2<br>Miami, Florida 33145 | 1933 S.W. 27th Ave.<br>First Floor<br>Miami, Florida 33145 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 2895 S.W. 69th Court | 26 SAME |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc. |
| 23 City & State: Miami, Florida | 28 City & State |
| 24 Zip: 33155 — 25 Country: Dade | 29 Zip — 30 Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 7/25/1990 | 3a. Date of Last Report: 5/8/95 |
| 4. FEI Number: 65-0208854 | ☐ 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 XX Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

NUNEZ, ALEJANDRO P.A.
2307 Douglas Road
Suite 200
Miami, Florida 33145

**10. Name and Address of New Registered Agent**

81 Name: ALEJANDRO NUNEZ, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 6361 Sunset Drive
83
84 City: South Miami **FL** 85 Zip Code: 33143

11. Pursuant to the provisions of Section 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: _____ DATE: 6/3/96
Signature, typed or printed name of individual and title if applicable — (Florida Registered Agent Signature required when changed)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President/Director<br>RAMON PRIETO<br>151 Crandon Blvd., #102<br>Key Biscayne, Fl 33149 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary/Director/Treas.<br>ZULA PINA<br>151 Crandon Blvd., #102<br>Key Biscayne, Fl 33149 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>500001864825<br>-06/18/96--01012--049<br>***200.00 |

CR2E034 (12/95)

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:** _____ Ramon Prieto, Pres. 3/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #