

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M87708

(7)

1. Corporation Name

AQUATIC MEDICAL TEAM, INC.

Principal Place of Business

3663 SOUTH MIAMI AVENUE
MIAMI FL 33133

Mailing Address

3663 SOUTH MIAMI AVENUE
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0060811

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIS, GREGORY J., ESQ.
ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

81 Name

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

83

84 City

FL

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent, if different from registered agent and not applicable)

(Signature of Registered Agent, if different from registered agent and not applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DTS
NAME	KAISER, MARC R.
STREET ADDRESS	3663 S MIAMI AVE
CITY, ST, ZIP	MIAMI FL
TITLE	C
NAME	KAISER, MARC R.
STREET ADDRESS	3663 S MIAMI AVE
CITY, ST, ZIP	MIAMI FL
TITLE	DP
NAME	SAMSON, RONALD L., M.D.
STREET ADDRESS	8910 SUNRISE PLACE
CITY, ST, ZIP	CORAL GABLES FL
TITLE	DV
NAME	LOEWENHERZ, JAMES W., MD
STREET ADDRESS	9000 SW 87 CT.#215
CITY, ST, ZIP	MIAMI FL
TITLE	DV
NAME	HEINITSH, HARRY E., M.D.
STREET ADDRESS	8396 MANOR LANE, APT#6
CITY, ST, ZIP	SOUTH MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(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 it would under oath. That I am an officer or director of the corporation or the treasurer or principal owner(s) to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:

Marc R. Kaiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95
(Date)

305-854-0300
(Typed Name)