

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002478 (4)
1. Corporation Name

Project Medishare, Inc.

Principal Place of Business
600 Alton Road
Suite 502
Miami Beach, FL 33139

Mailing Address
600 Alton Road
Suite 502
Miami Beach, FL 33139

3. Date Incorporated or Qualified
05/24/1995

3a. Date of Last Report

4. FEI Number
65-0601863 241812

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.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

30

9. Name and Address of Current Registered Agent

Villasante, Roberto
44 West Flagler Street
Suite 1700
Miami, FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

President
Arthur M. Fournier, M.D.
600 Alton Road, Suite 502
Miami Beach, FL 33139

☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Vice-President
Ronald Joseph, M.D.
1011 Adrianna Ave
Coral Gables, FL 33146

☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Lydia deSantis, R.N.
9009 SW 138th Street, Apt F
Miami, FL 33176

Secretary

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Executive Director
Carlane Stone
540 Brickell Key Drive, #418
Miami, FL 33131

☐ Change ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

400001793344
-04/24/96--01085--011
***70.00

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carlane Stone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/96 (305) 531-6724
Date Daytime Phone

CR2E037 (12/95)