FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Certificate of Corporation

DOCUMENT # P92000002595 (6)

1. Corporate Name

INSTITUTE OF PREVENTIVE MEDICINE CORP.

Principal Place of Business	Mailing Address
1871 CORAL WAY MIAMI FL 33145	1871 CORAL WAY MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/06/1992**

3a. Date of Last Report: **07/20/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 County — 25

Zip — 29 Country — 30

4. FEI Number: **65-0367208** ☐ 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 activity to be reported for tax under S. 196.1972 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, JULIO C
1871 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

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 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

(If changing Registered Agent, New Registered Agent must sign above.) (If changing Registered Agent or registered office only, current Registered Agent must sign above.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 14	
01 TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DIAZ, JULIO C	12 NAME	
STREET ADDRESS	1871 CORAL WAY	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	14 CITY-ST-ZIP	
02 TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
03 TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
04 TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
05 TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
06 TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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 above, or on an attached report with an address.

SIGNATURE: L-C-D — **Julio C. Diaz, President** — **03/21/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0167849 CP