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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200008452 (4)

ASSOCIATED MEDICAL COMPANY, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



ringipa: Flace	Of Business	Maining Address								
14420 CEDAR C MIAMI LAKES F		14420 CEDAR CT MIAMI LAKES FL 33014-2618								
					1	3. Date Incorporated or Qualified 12/02/1992		3a. Date of Last Report 01/25/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Numi				oplied For	
21 980	6 DW 80 Ave. 1	26 15505 Bu	II Ro	u Ki	65-03	77305		No	ot Applicable	
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		7				\$8.75	Additional	
22 BAY	1 12-B	27 #a30			5. Certificat	e of Status Desired	ш	Fee Re	equired	
City & State City & State City & State City & State 28 Higher Golden P 28 Migni						Campaign Financing d Contribution		•	May Be to Fees	
Zip 24 330		29 33014 30	Countr	Je	Florida S		Yes [] No	. 199.032,	
	9. Name and Address of Current R	legistered Agent	81		10. Name ar	nd Address of New F	legistered A	gent		
	ZALEZ, CRISTINA	Name	ROSARI	> NAVARR	6					
14420 CEDAR CT					Address (P.O. Box N	lumber is Not Accept	able) i			
MIAN	AI LAKES FL 33014				10 BIG	lumber is Not Accept	<u>U+,</u>		 	
İ			83	1		1.				
			84	City				85 Zig	Code	
<u></u>				\vdash	lami		<u> </u>	'2	ふわい	
11. Pursuant t	o the provisions of Sections 607,0502 a agistered agent, or both, in the State of a familiar with, and accept the htyligation	ind 607.1508, Florida Statutes,	the above	re-named	corporation submits	this statement for the	purpose of	changing i	ts registered	
agent I ar	n familiar with, and accept the byligatio	ons of, Section 607.0505, Florid	la Statuto	y the comp is.	oration's noard or d	irectors, i ricitally bet			registered	
SIGNATURE		Dour					4/18	147		
	Signature typed or punted name of registered agent a			ont signature	required whon reinstating)	16.61.11.11.0E0.70.0E	DAIL	DIDECTOR	20.141.40	
12.	OFFICERS AND D		13.		ADDITION	IS/CHANGES TO OFF		Change	Addition	
ŢITLE	D CONTALET ODICTIMA	DELETE	1.1 TITLE		Rospoin I	OSSAVAL.		L Change	C) Mulition	
NAME	GONZALEZ, CRISTINA 14420 CEDAR CT		1.2 NAME		1320 Big	JAVARRO Cypress el	٠.			
STREET ADDRESS	MIAMI LAKES FL 33014			1 ADDRESS	Miami la	(00 () 23	5014			
CITY-ST-ZIP	MIAMI LANES PL 33014	DELETE	1.4 CITY-	\$1 - 7IP	Miami 14	CE 5, P 1 00	2014	Change	Addition	
TITLE		☐ DELETE	2.1 TITLE					L Charige	☐ Vaquitori	
NAME			2.2 NAME							
STREET ADDRESS				1 ADDRESS						
CITY-S1-ZIP		DELETE	2 4 CITY	\$1 - 71P		·		Change	Addition	
TITLE			3 1 1111.					- vilonyc		
NAME			3.2 NAME	1 40000000						
STREET ADDRESS				1 ADDRESS						
CITY-ST-ZIP TITLE		DELETE	3.4 CITY	21-711,				Change	Addition	
- 1		∟) otten						onlinge		
NAME			4. 2 NAME							
STREET ADDRESS				1 ADDRESS						
CITY-ST-ZIP		DELETE	4.4 CITY - 5.1 TITLE	51-70'				Change	Addition	
TITLE		□ brreit						0.101190		
NAME			5.2 NAME							
STREET ADDRESS				1 ADDRESS						
CITY-ST-ZIP		DELETE	6.4 CITY -	SI - ZIP				Change	Addition	
TITLE		DEFEIT						onango	round	
NAME			6 2 NAME							
STREET ADDRESS				1 ADDRESS						
CITY-ST-ZIP	ov certify that the information supplied v	with this films does not availed	64 CITY-		tated in Section 110	07(3)(i) Florida Stati	itae I furlhar	certify that	the	
		een ous more ados fon Adadiy 1	THE PERSON NAMED IN COLUMN 1	— потания III S	14140 KL 3801KHI 119	.w.com.r.corda olatt		SECTION HIGH		

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 earth; 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 15 inchanged, or on an attachment with an address.

V/

1205/558-1800