

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 93000000702

Corporation Name

ONF MEDICAL CONSULTANT, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1/6/93	3a. Date of Last Report 4/94
4. FEI Number 65-0385117	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign 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	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUAREZ, FRANCISCO ~~CHERRY~~
2415 Magnolia Avenue
North Miami, Florida 33181

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

Francisco Suarez

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	Suarez, Francisco	12 NAME	
STREET ADDRESS	2415 Magnolia Ave.	13 STREET ADDRESS	600001476536
CITY - ST - ZIP	North Miami, Florida 33181	14 CITY - ST - ZIP	-05/04/95--01129--016
TITLE	S/T/D	21 TITLE	****200.00 ****200.00 (Addition)
NAME	Suarez, Olgaly	22 NAME	
STREET ADDRESS	2415 Magnolia Avenue	23 STREET ADDRESS	
CITY - ST - ZIP	North Miami, Florida 33181	24 CITY - ST - ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco Suarez

4/22/95