

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # P93000000790 (4)

1. Corporation Name

U.S.A. MEDICAL SERVICES CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7001 SW 97TH AVE
2ND FLOOR
MIAMI FL 33173
US

7001 SW 97TH AVE
2ND FLOOR
MIAMI FL 33173
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CARRICARTE, MICHAEL
7001 SW 97TH AVE
MIAMI FL 33173

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/06/1993

4. FEI Number

65-0573163

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CARRICARTE, MICHAEL
STREET ADDRESS 7001 SW 97TH AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME CARRICARTE, MICHAEL L.
1.3 STREET ADDRESS 7001 SW 97TH AVENUE
1.4 CITY-ST-ZIP MIAMI, FL 33173

2.1 TITLE CD ☐ Change ☒ Addition
2.2 NAME CARRICARTE, MICHAEL A.
2.3 STREET ADDRESS 7001 SW 97TH AVENUE
2.4 CITY-ST-ZIP MIAMI, FL 33173

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME BRIGGLE, DR. THOMAS V.
3.3 STREET ADDRESS 7001 SW 97TH AVENUE
3.4 CITY-ST-ZIP MIAMI, FL 33173

4.1 TITLE VS ☐ Change ☒ Addition
4.2 NAME CARRICARTE, JENNIFER L.
4.3 STREET ADDRESS 7001 SW 97TH AVENUE
4.4 CITY-ST-ZIP MIAMI, FL 33173

5.1 TITLE V ☐ Change ☒ Addition
5.2 NAME SCHLERNITZAUER, SUZANNE M.
5.3 STREET ADDRESS 7001 SW 97TH AVENUE
5.4 CITY-ST-ZIP MIAMI, FL 33173

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME KARDONSKI, ANNE LOUISE
6.3 STREET ADDRESS 7001 SW 97TH AVENUE
6.4 CITY-ST-ZIP MIAMI, FL 33173

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment to this address.

SIGNATURE

MICHAEL L. CARRICARTE 4-20-98 (705) 275-1400

CR2E034 (10/97)

U.S.A. MEDICAL SERVICES CORPORATION
1998 CORPORATE ANNUAL RETURN

Addendum to No. 13:

Addition:

T
KOLBER, CLIFFORD M.
7001 S.W. 97th Avenue
Miami, FL 33173