FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:35

DOCUMENT # P93000009088 (4)

1. Corporation Name
MEDICINE NEW CONSULT, INC.

Principal Place of Business	Mailing Address
20250 N.E. 34TH COURT AVENTURA, NORTH MIAMI FL 33180	20250 N.E. 34TH COURT AVENTURA, NORTH MIAMI FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 5545 S.W. 8th Street	26 SAME
22 Suite, Apt. #, etc. 102	27 Suite, Apt. #, etc.
23 City & State Miami, Florida	28 City & State
24 Zip 33134 / 25 Country Dade	29 Zip / 30 Country

4. FEI Number: 65-0390844 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARBER-WAINER, ANA C 20250N.E. 34TH CT. AVENTURA, NORTH MIAMI FL 33180	81 Name: Hilda De La Pedraja 82 Street Address (P.O. Box Number is Not Acceptable): 9375 Fountenblue Blvd. 83 # L310 84 City: Miami FL 85 Zip Code: 33172

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 X _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARBER-WAINER, ANA C 20250 N.E. 34TH CT. No Longer AVENTURA, NORTH MIAMI FL 33180	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	XX Change ☐ Addition PD Garber-Wainer, Ana C DELETE 20250 N.E. 34th Court Aventura, North Miami FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hilda De La Pedraja 9375 Fountemblue Blvd Miami, Fl.33172	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change XX Addition PD De La Pedraja, Hilda 9375 Fountenblue Blvd. , #L310 Miami, FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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, added or deleted, with an address.

SIGNATURE: _____ 01-25-95 305-262-8446
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING REPORT
HILDA DE LA PEDRAJA
Date / Daytime Phone #

0107720 CR