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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P93000020161(4)

1. Corporation Name

OCASTHEL MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

5951 NW-151ST STREET
MIAMI LAKES, FLA. 33014

6360 PENT PL.
MIAMI LAKES, FLA.
33014

2. Principal Place of Business

21 5951 NW-151 STREET

2a. Mailing Address

26 6360 PENT PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 101

27

City & State

City & State

23 MIAMI LAKES, FLA.

28 MIAMI LAKES, FLA.

Zip

Country

Zip

Country

24 33014

25 DADE

29 33014

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORLANDO CASTANEDA
6360 PENT PL.
MIAMI LAKES, FL. 33014

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 Sections 607.0505 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)

(NOTE: Registered Agent signature required when reinstating)

04/27/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ORLANDO CASTANEDA

12 NAME

STREET ADDRESS 6360 PENT PLACE

13 STREET ADDRESS

CITY-ST-ZIP MIAMI LAKES, FLA. 33014

14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

000002170570
-05/08/97--01005--008
***165.00

14. I do 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 with an address.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04/17/97 (305) 558-9522

Date

Daytime Phone #

CR2E034 (9/96)