

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000020768 (6)**

1. Corporation Name

**MOBILE MEDICAL, INC.**



Principal Place of Business

Mailing Address

**15841 S.W. 99TH AVE  
MIAMI FL 33157  
US**

**15841 S.W. 99TH AVE.  
MIAMI FL 33157  
US**

3. Date Incorporated or Qualified  
**03/15/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1544 W. Flagler Street**  
Suite, Apt. #, etc

**26 1544 W. Flagler Street**  
Suite, Apt. #, etc.

4. FEI Number

**65-0441786**

Applied For

Not Applicable

22 City & State

**23 Miami, Florida**

24 Zip

**33135**

25 Country

**USA**

27 City & State

**28 Miami, Florida**

29 Zip

**33135**

30 Country

**USA**

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

**LEYVA, GUILLERMO  
210 N.W. 62ND STREET  
MIAMI FL 33126**

81 Name

**Angel Leiro**

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

**1544 W. Flagler Street**

83

84 City

**Miami**

**FL**

85 Zip Code  
**33135**

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

*Angel M. Leiro*  
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PS**  
STREET ADDRESS **LEYVA, GUILLERMO**  
CITY-ST-ZIP **15841 S.W. 99TH AVE.  
MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **1544 W. Flagler Street**  
1.4 CITY-ST-ZIP **Miami, FL 33135**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **Angel M. Leiro**  
2.3 STREET ADDRESS **V-Pres., T**  
2.4 CITY-ST-ZIP **1544 W. Flagler Street  
Miami, Florida 33135**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(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:

*Angel M. Leiro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/96**  
Date

**(305) 642-2073**  
Daytime Phone #

CR2E034 (12/95)