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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90253 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000021286

1. Corporation Name

MEDI-PROL MEDICAL SERVICES, INC.

Principal Place of Business

3821 SW 88TH PL
MIAMI FL 33165

Mailing Address

3821 SW 88TH PL
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1993

4. FEI Number

65-0399690

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BAYUELO, JUANA I
3821 SW 88TH PL
MIAMI FL 33165

10. Name and Address of New Registered Agent

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 607.0501, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Juana I Bayuelo President

4-10-99

Signature, typed or printed as the of (add agent signature and date if applicable)

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME

PD REGUEIRA, ELSA

STREET ADDRESS

2124 S.W. 82ND PLACE

CITY-ST-ZIP

MIAMI FL 33155

TITLE

VD

NAME

BAYUELO, JUANA I

STREET ADDRESS

3821 S.W. 88TH PLACE

CITY-ST-ZIP

MIAMI-FL 33165

TITLE

PD

NAME

Juana I Bayuelo

STREET ADDRESS

3821 SW 88 PL

CITY-ST-ZIP

Miami, FL 33165

TITLE

VD

NAME

VD

STREET ADDRESS

VD

CITY-ST-ZIP

VD

TITLE

VD

NAME

VD

STREET ADDRESS

VD

CITY-ST-ZIP

VD

TITLE

VD

NAME

VD

STREET ADDRESS

VD

CITY-ST-ZIP

VD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

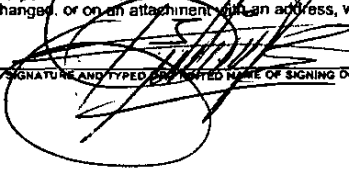
6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE: 

Juan I Bayuelo 4-10-99 (305)662 6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)