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FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000038266 (1)

1. Corporation Name

MEDICAL FINANCIAL RECOVERY CORP.



Principal Place of Business

P.O. BOX 171074
HIALEAH FL 33017

Mailing Address

P.O. BOX 171074
HIALEAH FL 33017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	5841 Washington st.	26	5841 Washington st.
22	Suite, Apt. #, etc. # 58	27	Suite, Apt. #, etc. # 58
23	City & State Hollywood FL.	28	City & State Hollywood FL.
24	Zip 33023	29	Zip 33023
25	Country USA	30	Country USA

3. Date Incorporated or Qualified

05/24/1993

4. FEI Number

65-0412552

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ROSALIS ODALYS
9965 DAFFODIL LANE
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name

Jorge R. Rosales

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

5841 Washington St. #58

83

84 City

Hollywood

FL

85 Zip Code

33023

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	ROSALIS ODALYS	1.2 NAME	ROSALIS JORGE R.
STREET ADDRESS	9965 DAFFODIL LANE	1.3 STREET ADDRESS	5841 Washington St #58
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	Hollywood FL. 33023
TITLE	V	2.1 TITLE	
NAME	ROSALIS, JORGE R.	2.2 NAME	
STREET ADDRESS	9965 DAFFODIL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Jorge R. Rosales 1-6-98 954-121-8179

CR2E034 (10/97)