

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052023 (7)

1. Corporation Name

MED-INVESTMENTS, INC.

Principal Place of Business

1840 W. 49 ST.
602
HIALEAH FL 33012

Mailing Address

1840 W. 49 ST.
602
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1993

4. FEI Number

65-0435926

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SERRANO, RAFAEL J
1840 W. 49 ST.
602
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name ADRIAN LEGASPI M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
4306 ALTON RD
83
84 City MIAMI BEACH FL 85 Zip Code 33140

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 title if applicable

ADRIAN LEGASPI

8/30/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D
NAME ADRIAN LEGASPI, MD
STREET ADDRESS 1400 NW 12TH AVE
CITY-ST-ZIP MIAMI FL

TITLE P
NAME BERTI, ALDO F
STREET ADDRESS 1321 N.W. 14 ST., # 400
CITY-ST-ZIP MIAMI FL 33125

TITLE D
NAME ROWLAND PRICHARD MD
STREET ADDRESS 1400 NW 12TH AVE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME STEVEN MACLAUGHLIN
STREET ADDRESS 1400 NW 12TH AVE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ADRIAN LEGASPI, M.D. Change Addition
1.2 NAME 4306 ALTON RD PRESIDENT
1.3 STREET ADDRESS MIAMI BEACH FL. 33140 TREASURER
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE GREGORY KOVAAS M.D. Change Addition
3.2 NAME 1321 N.W. 14TH ST SECRETARY
3.3 STREET ADDRESS MIAMI FL, 33125
3.4 CITY-ST-ZIP

4.1 TITLE MARCOS CHERTMAN, M.D. Change Addition
4.2 NAME 1321 N.W. 14TH ST VICEPRESIDENT
4.3 STREET ADDRESS MIAMI FL, 33125
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.

SIGNATURE:

ADRIAN LEGASPI

8/10/98 305-535-2170

CR2E034 (5/98)