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Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000053423 (8)

1. Corporation Name  
BARRINGTON MEDICAL INVESTMENTS, INC.

Principal Place of Business

8966 SW 87TH CT  
SUITE 23  
MIAMI FL 33176

Mailing Address

8966 SW 87TH CT  
SUITE 23  
MIAMI FL 33176-2220

3. Date Incorporated or Qualified  
07/30/1993

3a. Date of Last Report  
09/25/1996

2. Principal Place of Business

21 8181 W. Broward Blvd  
Suite, Apt. #, etc.

22 380  
City & State

23 Ft. Lauderdale, Florida  
Zip Country

24 33324

25 USA

2a. Mailing Address

26 8181 W. Broward Blvd  
Suite, Apt. #, etc.

27 380  
City & State

28 Ft. Lauderdale, Florida  
Zip Country

29 33324

30 USA

4. FEI Number

65-0426404

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

FARRA, MIGUEL C  
2609 S BAYSHORE DR  
MIAMI FL 33133

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 607.0502 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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CONRAD, PATRICIA  
STREET ADDRESS 8966 SW 87TH CT SUITE 23  
CITY-ST-ZIP MIAMI FL 33176

TITLE D  
NAME MAXWELL, NICOLE C  
STREET ADDRESS 8966 SW 87TH CT SUITE 23  
CITY-ST-ZIP MIAMI FL 33176

TITLE D  
NAME CONRAD, NATALIE  
STREET ADDRESS 8966 SW 87TH CT SUITE 23  
CITY-ST-ZIP MIAMI FL 33176

TITLE D  
NAME CONRAD, BRENT  
STREET ADDRESS 8966 SW 87TH CT SUITE 23  
CITY-ST-ZIP MIAMI FL 33176

TITLE D  
NAME MAXWELL, TODD  
STREET ADDRESS 8966 SW 87TH CT SUITE 23  
CITY-ST-ZIP MIAMI FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 included 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: Nicole D. Maxwell / Nicole D. Maxwell 1-29-97 954-382-1340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)