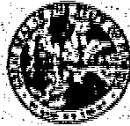


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL 12 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055416 (0)

1. Corporation Name

X MED HEALTH SERVICES, INC.

Principal Place of Business

4950 S.W. 8TH STREET  
SUITE 300  
MIAMI FL 33134

Mailing Address

4950 S.W. 8TH STREET  
SUITE 300  
MIAMI FL 33134

400001537244

-07/13/95--01081--005

\*\*\*\*225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

08/23/1994

4. FEI Number

65-0427567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZOGHBI, ANTONIO J  
4950 S.W. 8TH ST  
SUITE 300  
MIAMI FL 33134

81 Name

RAUDEL LEMUS JR

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

4950 SW 8th Suite 300

83

84 City

MIAMI

FL

Zip Code  
33134

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

X

Rauel Lemus JR President

4-25-95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD  
NAME ZOGHBI, ANTONIO J  
STREET ADDRESS 4950 S.W. 8TH ST. SUITE 300  
CITY - ST - ZIP MIAMI FL 33134

1.1 TITLE PRD  
1.2 NAME RAUDEL LEMUS JR  
1.3 STREET ADDRESS 4950 SW 8th St. Suite 300  
1.4 CITY - ST - ZIP MIAMI FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Rauel Lemus JR

Rauel Lemus JR

President

4-25-95

461-4911