

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90010 036 ***158.75

DOCUMENT # P93000068040

1. Corporation Name
SUNMED, INC.

Principal Place of Business

1150 NW 72ND AVE
500
MIAMI FL 33126
US

Mailing Address

P.O. BOX 526200
MIAMI FL 33152-6200

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1993

4. FEI Number

65-0273561

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 the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 1987 N.W. 88th Court

Suite, Apt. #, etc.

22 Suite 201

City & State

23 Miami, FL

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

9. Name and Address of Current Registered Agent

TIRADO, ALEXANDER
10735 S.W. 59TH TERRACE
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

Tirado, Alexander

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

10735 S.W. 59th Terrace

83

84 City

Miami

FL

85 Zip Code

33173

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME TIRADO, ALEXANDER
STREET ADDRESS 10735 S.W. 59 TERRACE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME TIRADO, LOURDES M
STREET ADDRESS 10735 S.W. 59 TERRACE
CITY-ST-ZIP MIAMI FL 33173 ☐ DELETE

TITLE DC
NAME BANGERTER, PHILLIP W
STREET ADDRESS 617 FIFTH KEY DR
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE DV
NAME LASHER, EDWARD C
STREET ADDRESS 10300 S.W. 64TH STREET
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Martin, M.D. Michael
1.3 STREET ADDRESS 1987 N.W. 88th Court, Suite 201
1.4 CITY-ST-ZIP Miami, FL 33172 ☐ Change ☒ Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Alexander Tirado

April 9, 1999

(305)436-9300 x223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0222496