FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 28 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068421 (5)

1. Corporation Name
LIFEMED MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7821 S.W. 24TH ST. SUITE 131 MIAMI FL 33155	7821 S.W. 24TH ST. SUITE 131 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/01/1993	07/21/1994

2. Principal Place of Business	2a. Mailing Address
21 7821 S.W. 24TH ST.	26 7821 S.W. 24TH ST
Suite, Apt. #, etc 22 SUITE 130	Suite, Apt. #, etc 27 SUITE 130
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33155 Country 25 USA	Zip 29 33155 Country 30 U.S.A.

4. FEI Number: 65-0439928 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ESPINAL, OSCAR 7821 S.W. 24TH ST. SUITE 131 MIAMI FL F3315-5	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 607.1008, 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: Vice-President. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP	PD ESPINAL, ZONIA 7821 S.W. 24TH ST. SUITE 131 MIAMI FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP	VD ESPINAL, OSCAR 7821 S.W. 24TH ST. SUITE 131 MIAMI FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in this annual report or supplemental annual report is true and correct 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 with an address.

SIGNATURE: Vice-President 4-24-95 (305) 267-7787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

0160403 CP