

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:22

DOCUMENT # **P93000071642 (1)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BIRD ROAD MEDICAL SERVICES, INC.**

1. Registered Office Address	2. Mailing Address
6741 S.W. 24 ST. SUITE 42 MIAMI FL 33155	6741 S.W. 24 ST. SUITE 42 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification <b>10/15/1993</b>	3a. Date of Last Report <b>09/26/1994</b>
4. FFI Number <b>APPLIED FOR 65-0442597</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. This corporation has liability for ad valorem tax under § 199.005, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>6741 S.W. 24 ST</b>	22. Mailing Address <b>6741 S.W. 24 ST</b>
23. State, Apt # etc. <b>STE 42</b>	24. State, Apt # etc. <b>STE 42</b>
25. City & State <b>MIAMI FL</b>	26. City & State <b>MIAMI FL</b>
27. Zip <b>33155</b>	28. Zip <b>33155</b>
29. County <b>DADE</b>	30. County <b>DADE</b>

9. Name and Address of Current Registered Agent  
**LANDROVE, REINALDO  
6741 SOUTHWEST 24 STREET  
SUITE 42  
MIAMI FL 33155**

10. Name and Address of New Registered Agent  
81. Name **Reinaldo Landrove**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**68 SW 68 Ave**  
83.   
84. City **MIAMI** State **FL** Zip Code **33144**

11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME <b>D LANDROVE, REINALDO</b>	1.1 TITLE <b>DIRECTOR</b>	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS <b>6741 SOUTHWEST 24 STREET, SUITE 42</b>	1.2 NAME	1.2 NAME	
3. CITY, STATE, ZIP <b>MIAMI FL 33155</b>	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
4. TITLE	1.4 CITY, STATE, ZIP	1.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	1.5 TITLE	1.5 TITLE	
6. STREET ADDRESS	1.6 NAME	1.6 NAME	
7. CITY, STATE, ZIP	1.7 STREET ADDRESS	1.7 STREET ADDRESS	
8. TITLE	1.8 CITY, STATE, ZIP	1.8 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	1.9 NAME	1.9 NAME	
10. STREET ADDRESS	1.10 STREET ADDRESS	1.10 STREET ADDRESS	
11. CITY, STATE, ZIP	1.11 CITY, STATE, ZIP	1.11 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE	1.12 NAME	1.12 NAME	
13. NAME	1.13 STREET ADDRESS	1.13 STREET ADDRESS	
14. STREET ADDRESS	1.14 CITY, STATE, ZIP	1.14 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. CITY, STATE, ZIP	1.15 NAME	1.15 NAME	
16. TITLE	1.16 STREET ADDRESS	1.16 STREET ADDRESS	
17. NAME	1.17 CITY, STATE, ZIP	1.17 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS	1.18 NAME	1.18 NAME	
19. CITY, STATE, ZIP	1.19 STREET ADDRESS	1.19 STREET ADDRESS	
20. TITLE	1.20 CITY, STATE, ZIP	1.20 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is equally for the corporation stated in Section 607.0505, 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 and may be made valid 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 1, or Block 1, if changed, or as an attachment with an address.

SIGNATURE: *Reinaldo Landrove*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-95 305-265-9798