

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

AMENDED REPORT

CORPORATION
ANNUAL REPORT
1995



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

AND
FILED

95 MAY 22 PH 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075363

1. Corporation Name

NATIONWIDE MEDICAL SVCS, INC.
7555 NW 63 STREET
Miami FL 33166

Principal Place of Business

Mailing Address

500001438085

05/24/95 -01050--007

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

NOV 1, 93

2a. Date of Last Report

3/95

2. Principal Place of Business

2a. Mailing Address

21

SAME

26

Suite, Apt #, etc

Suite, Apt #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0450831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Pedro M. Guillen
949 Pennsylvania Ave #209
Miami Beach FL 33139

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Pedro M. Guillen

Signature of Registered Agent (signature required when registering)

4/12/95

DAY

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

Director

NAME

Jacqueline Garcia-Solis

STREET ADDRESS

11801 SW 122 Ave

CITY, ST, ZIP

Miami FL 33186

1.1 TITLE

Director

1.2 NAME

Anamaria Garcia-Solis

1.3 STREET ADDRESS

11801 SW 122 Ave

1.4 CITY, ST, ZIP

Miami FL 33186

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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)(k), 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, 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 included or on an attachment with an address.

SIGNATURE:

Pedro M. Guillen

5/14/95

599-4817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

REMITTED BY MAY 1