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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077905 (6) FIRST MEDICAL FAMILY, INC.

FILED Apr 17 1997 8:00am Secretary of State



Principal Place of Business 560 E 25 STREET			Mailing Address 590 E 25 STREET					T HADILED IN THE THE TITLE AND THE TOTAL AND THE TOTAL BOTH TOTAL TOTAL TOTAL				
SUITE 601		SUITE 601 HIALEAH FL 33013-3838 US										
HALEAH FL 33013 US							3. Date Incorporated or Qualified 11/08/1993 3a. Date of Last Report 05/01/1996					
2. Principal Plac	e of Busness	2a. M	lailing Address					4. FEI Number			Applied For	
21		26						65-0454474			ot Applicable	
Suite. Apt. #, (etc.		uite, Apt. #, etc.					5. Certificate of Status Desired			Additional Regulred	
City & State		27 C	ity & State					6. Election Campaign Financing				
23		28	.,,					Trust Fund Contribution			May Be I to Fees	
Zφ				Co	Country			8. This corporation has liability for	intangible			
24	25	29 30							Florida Statutes Yes No			
	9. Name and Address of Curre	nt Register	ed Agent		Ţ			10. Name and Address of New R	gistered A	gent		
	, Kathleen R				81	Nam	e .					
	25TH ST				82	Stree	et Addre	iss (P.O. Box Number is Not Accepta	ble)			
SUITE					\perp	L						
HIALEA	VH FL 33131				83							
					84	City				85 Zir	Code	
									<u>FL</u>	1 1 '		
11. Pursuant to t	the provisions of Sections 607.05	i02 and 607. Io of Florida	1508, Florida Statu Such change was	utes, the	above ed by	9-name	ed corpo	pration submits this statement for the on's board of directors. I hereby acce	purpose of of the appr	changing sintment a	its registered	
agent Family	farr-liar with, and accept the obli	gations of, S	ection 607.0505, F	lorida St	atutes	S.	Sipolatio	site board of differents. This easy accept	pr the app	and a contract of	a regionere	
SIGNATURE												
Sig	justine, typical or punited martie of registered a					ent signat	ure required	d when reinstating)	DATE	E.:		
12.	OFFICERS A	ND DIRECTO	ors Delete	13			-1	ADDITIONS/CHANGES TO OFFI		Change		
	OPST (ATES, BASIL MD		L DECEME		TITLE		Į			L''I cusude	EJ Addition	
- ا	590 E. 25 ST. #801				NAME		_ -					
1	HALEAH FL					ADDRES	s					
	IVALEARI FL		DELETE		CITY-S	ST - ZIP				Change	Addition	
111,1			["] DETELE	J	TITLE		j			L_1 Change	Kodilloli	
NAME					NAME	. ABanca						
STREET ADDRESS						ADORES	s					
Cdy-SI-7IP			DELETE		CITY - S	SI - ZIP		A A A A A A A A A A A A A A A A A A A		Change	Addition	
THE			D occur		NAME					Orange	L. J. (SOCKED)	
NAME CONTRACT LINES OF CO.						. NDONES						
STREET ADDRESS						ADDRES	9					
CITY-ST ZIP TITLE	A. W. M.		DELETE		CITY-:	31.ZP	+		 	L 1 Change	Addition	
NAME				ſ	NAME			•				
						ADDRES						
STREET ADORESS					CITY - S		°					
CITY-ST ZU:			DELETE		TITLE	21-71P				Change	Addition	
NAME			La Discip		NAME						- 7 Ido. (d)	
				•		' a ddres	وا					
STREET ADDRESS							"					
DITY-ST-76*			DELETE		CITY - S	51-ZIP				Change	Addition	
!					NAME					- Vitange	- Tuomon	
NAME						Laborer						
SPREET ADDRESS						ADDRES	٥					
CHY-\$1 26"				6.4	CITY-S	1-ZIP		- C		- 64 0		

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the 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: