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 MAY -1 PM 2:23

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-05/30/95--01031--014
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000081670

1. Corporation Name
J.M.V. Medical Corporation

Principal Place of Business
1000 Ponce De Leon Blvd
Suite 317
Coral Gables, FL 33134

Mailing Address
1000 Ponce De Leon Blvd
Suite 317
Coral Gables, FL 33134

3. Date Incorporated or Qualified: 11/30/93
3a. Date of Last Report: 1/1/94
4. FEI Number: 650-461-308 — 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRUCE M. BOIKO
1000 Ponce de Leon Blvd.
Coral Gables, FL 33144

10. Name and Address of New Registered Agent

81 Name: RAY RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 3191 CORAL WAY, #800
83
84 City: MIAMI FL 85 Zip Code: 33145

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] 4-25-95
Signature, typed or printed name of registered agent and title if applicable / (If Registered Agent signature is required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	VELEZ JESUS J	12 NAME	
STREET ADDRESS	1100 SW 74 CT	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	14 CITY-ST-ZIP	
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	VELEZ JESUS	22 NAME	
STREET ADDRESS	1100 SW 74 CT	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	24 CITY-ST-ZIP	
TITLE	S/D	31 TITLE	☐ Change ☐ Addition
NAME	VELEZ MARIA	32 NAME	
STREET ADDRESS	1100 SW 74 CT	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	34 CITY-ST-ZIP	
TITLE	T/D	41 TITLE	☐ Change ☐ Addition
NAME	VELEZ MAYRA	42 NAME	
STREET ADDRESS	1100 SW 74 CT	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 119.07(1)(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.

SIGNATURE: [signature] Jesus J Velez (president) 5/19/95 (305) 324-1368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE