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

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P9400000651 (7)

INLAND MEDICAL SERVICES, INC.

1 11110119001	1000 01 000111
9930 SW	87TH ST.
MIAMI FL	33173-3967

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9930 SW 87TH ST. MIAMI FL 33173-3967 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/04/1994 2. Principal Place of Business 2a. Mailing Address 26 P.O. Box 165005 Applied For 21 26 65-0457243 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing ハロイハバ 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCHEINBERG, RAFAEL 9930 SW 8R ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 83 84 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE **SCHEINBERG, RAFAEL** NAME 1.2 NAME CR2E034 9310 SW 100TH AVENUE ROAD STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** 1.4 City-St-ZIP CITY-S1-ZIP DELETE Change Addition 2.1 TITLE SCHEINBERG, THELMA NAME 2.2 NAME 9310 SW 100TH AVENUE ROAD STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 trusted 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.

4/20 /00