

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:31

DOCUMENT # P94000003409 (7)

1. Corporation Name

THE HAMMOCKS MEDICAL OFFICES, INC.

Principal Place of Business

4960 S.W. 72ND AVE.
#209
MIAMI FL 33155

Mailing Address

4960 S.W. 72ND AVE.
#209
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/13/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

65-0471756

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

9. Name and Address of Current Registered Agent

KONDLA, RICHARD F
4960 S.W. 72ND AVE.
#209
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

Richard Kondla

82 Street Address (P.O. Box Number is Not Acceptable)

4960 SW 72 ave

83 Suite, Apt. #, etc.

Suite 204

84 City

Miami

FL

85 Zip Code

33155

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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent and the if applicable)

(NOTE: Registered Agent Signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

DELGADILLO, JOSE M
4960 S.W. 72ND AVE. #209
MIAMI FL 33155

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

ALTAMIRANO, DODANIM F
4960 S.W. 72ND AVE. #209
MIAMI FL 33155

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☐ Change ☐ Addition

1.2 NAME

PERES-DELGADILLO, JOSE M.

1.3 STREET ADDRESS

4960 S.W. 72 AV.

1.4 CITY - ST - ZIP

Suite 204
MIAMI, FL 33155

-CORRECTION-

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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(3)(b), 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 and Typed or Printed Name of Signing Officer or Director

Jose Peres Delgadillo

1/31/95

205 385 5582

1410

(Signature Form #