

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90001 018 ***150.00

DOCUMENT # P94000004009

1. Corporation Name
MEDIEQ MEDICAL SERVICES, INC.



Principal Place of Business
9807 NW 80 AVENUE
BAY 11-I
HIALEAH GARDENS FL 33016
US

Mailing Address
9807 NW 80 AVENUE
BAY 11-I
HIALEAH GARDENS FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1994

4. FEI Number

65-0460715

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9807 NW 80 AVENUE

2a. Mailing Address

26 9807 NW 80 AVENUE

Suite, Apt. #, etc.

22 Bay 11-I

Suite, Apt. #, etc.

27 Bay 11-I

City & State

23 Hialeah Gardens FL

City & State

28 Hialeah Gardens FL

Zip

24 33016

Country

25 US

Zip

29 33016

Country

30 US

9. Name and Address of Current Registered Agent

ROBLES, SUYIN
9807 NW 80 AVENUE
BAY 11-I
HIALEAH GARDENS FL 33016

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME ROBLES, SUYIN
STREET ADDRESS 5316 W. 24TH COURT
CITY-ST-ZIP HIALEAH FL 33016

☐ DELETE

TITLE
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STREET ADDRESS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition

1.2 NAME Robles, Suyin

1.3 STREET ADDRESS 7865 NW 185 ST

1.4 CITY-ST-ZIP Hialeah FL 33015

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 (305) 362-3131
Date Daytime Phone #

CR2E034 (11/98)

0134589