

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000009292 (1)

1. Corporation Name

MEDICAL SERVICES PLUS, INC.

Principal Place of Business

**12218 S.W. 10 ST.
MIAMI FL**

Mailing Address

**12218 S.W. 10 ST.
MIAMI FL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

4. FEI Number

65-0464768

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Req**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

13800 SW 84 st

Suite, Apt. #, etc.

27

258

City & State

28

MIAMI FL

Zip

29

33184

Country

30

DADE

9. Name and Address of Current Registered Agent

**URIARTE, JESUS
4100 W. FLAGLER ST.
SUITE K
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81

Name **MARIA MORENO**

82

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

12218 SW 10 ST

83

84

City **MIAMI**

FL

85

Zip Code **33184**

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

Maria Moreno *Maria Moreno* *Maria Moreno*

DATE

4/11/95

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

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MORENO, MARIA
12218 S.W. 10 ST.
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
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 110.07(3)(a), 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, as on an attachment with an address.

SIGNATURE:

Maria Moreno **MARIA MORENO, Pres.**

4/11/95 (305) 554-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(this)

(Signature Page 2)