

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
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 AUG -9 PM 2:29

DOCUMENT # P94000009848 (0)

1. Corporation Name

FLORIDA HEALTH SPECIALTY GROUP, INC.

Principal Place of Business

3972 NW 36TH ST
MIAMI FL 33142

Mailing Address

3972 NW 36TH ST
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEE Number

65-0582164

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

10. Name and Address of New Registered Agent

ALI, SHUKAT
3972 NW 36TH ST
MIAMI FL 33142

01 Name

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

03

04 City

FL

05 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GUEVARA, RAMON A
15835 SW 61ST TER
MIAMI FL 33185

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☒ Change ☐ Addition

DELETED

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVS
RUIZ, SERGIO
1301 SW 126TH PL
MIAMI FL 33174

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVT
ALONSO, MARGARITA
11500 SW 32ND LN
MIAMI FL 33174

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

☒ Change ☐ Addition

DELETED

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
ALI, SHUKAT
15565 SW 49TH ST
MIAMI FL 33185

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP

☐ Change ☐ Addition

DPT.
ALI, SHUKAT
15565 SW 49TH ST
MIAMI FL 33185

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP

☐ Change ☐ Addition

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)(h), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/95 (305) 635-8344

CR2E034 (3/95)