FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:51

DOCUMENT # **P94000018494 (2)**

1. Corporation Name
AMERICAN MEDICAL CLINICS, INC.

Principal Place of Business	Mailing Address
330 S.W. 27 Avenue, #508 Miami, FLorida 33135	47001 N.W. 7TH STREET SUITE 310 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 330 S.W. 27 Ave.,	26 330 S.W. 27 Ave.,
Suite, Apt. #, etc. 22 508	Suite, Apt. #, etc. 27 508
City & State 23 Miami Florida	City & State 28 Miami, Florida
Zip / Country 24 33135 25 Dade	Zip / Country 29 33135 30 Dade

4. FEI Number: 65-0473549 ☐ 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

RODRIGUEZ, OLGA L
6721 N. WATERWAY DRIVE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: MADRUGA MIRIAN
82 Street Address (P.O. Box Number is Not Acceptable): 46 N.W. 125 Avenue
83
84 City: Miami FL 85 Zip Code: 33182

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: MIRIAN MADRUGA — Signature, type or print name of registered agent and title if applicable — NOTE: Registered Agent's signature required when reinstating — DATE: 5-10-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MADRUGA, MIRIAN	12 NAME	MADRUGA MIRIAN
STREET ADDRESS	46 N.W. 125TH AVENUE	13 STREET ADDRESS	46 N.W. 125th, Avenue
CITY-ST-ZIP	MIAMI FL 33182	14 CITY-ST-ZIP	Miami, Florida 33182
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, OLGA L	22 NAME	
STREET ADDRESS	6721 N. WATERWAY DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: X — 5-10-95 — 643-6787
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #
MIRIAN MADRUGA

0427381 FP