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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P94000018997 (4)**

1. Corporation Name
LYMPHEDEMA INSTITUTE OF AMERICA, INC.

Principal Place of Business	Mailing Address
9350 SUNSET DR STE 115 MIAMI FL 33173 US	9350 SUNSET DR SUITE 115 MAIMI FL 33173 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994

2. Principal Place of Business 21 7800 SW 57th Ave	2a. Mailing Address 26 PO Box 161889	4. FEI Number: 65-0477714	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Ste 209	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 MIAMI, FLA.	City & State 28 MIAMI FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33143 Country 25 MIAMI DADE	Zip 29 33116-1889 Country 30 MIAMI DADE	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

R.N.-L.M.T. RESOURCES, INC.
10045 SW 111TH ST.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: RENEE ROMERO
82 Street Address (P.O. Box Number is Not Acceptable): 7800 SW 57 Ave
83: Ste 209
84 City: MIAMI FL 85 Zip Code: 33143

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: Renee Romero — 4/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMERO, RENEE 10045 SW 111TH ST. MIAMI FL 33176	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 7800 SW 45 ST #209 MIAMI, FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMERO, PEDRO A 10045 SW 111TH ST. MIAMI FL 33176	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 7800 SW 45 ST #209 MIAMI, FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: Renee Romero RENEE ROMERO 4/10/98 (305) 265-1400