

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

CORPORATION
ANNUAL REPORT
1995



SECRETARY OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019986 (6)

1. Corporation Name

AMERICAN MED CARE, INC.

Principal Place of Business

% APPELROUTH FARAH & CO.
990 PONCE DE LEON BLVD. STE. 625
CORAL GABLES FL 33134

Mailing Address

% APPELROUTH FARAH & CO.
990 PONCE DE LEON BLVD. STE. 625
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

4. FEI Number

65-0489500

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

7. This corporation has liability for intangible tax under c. 189.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22. City & State

23

Zip

24

County

25

2a. Mailing Address

26

Suite, Apt. #, etc

27. City & State

28

Zip

29

County

30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

S. DANIEL PONCE

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

200 SOUTH BISCAYNE BLVD

Suite 2100

City

MIAMI

FL

Zip Code

33131

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 607.1505, Florida Statutes.

SIGNATURE

Signature of (print) name of registered agent and the corporation

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PRESIDENT
GONZALEZ CARLOS
999 PONCE DE LEON BLVD
CORAL GABLES FL 33134

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY ST ZIP
☐ Change ☐ Addition
500001488345
-05/16/95--01022--019
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. 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)(k), Florida Statutes. I further certify that the information indicated on this 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 AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DATE

Signature of Agent