FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037494 (9)

1. Corporate Name
I.S.A. MEDICAL MANAGEMENT CORP.

Principal Place of Business
371 EAST DRIVE
MIAMI SHORES FL 33166

Mailing Address
371 EAST DRIVE
MIAMI SHORES FL 33166

(Document Number of Corporation)

3. Date of Incorporation / Qualification: 05/18/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0491444

Applied For
Not Applicable

Principal Place of Business
22

Mailing Address
27

5. Certificate of Status Desired

$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution

$5.00 May Be Added to Fees

24 25 29 30

8. The corporation has liability for corporate tax under S. 220.02, Florida Statutes. X Yes ☐ No

9. Name and Address of Current Registered Agent

CABRERA, RAUL D
4201 S.W. 11TH ST.
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name:

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1622 and 607.1624, 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

12. OFFICERS AND DIRECTORS

91	D
NAME	ACEVEDO, ISABEL S
STREET ADDRESS	371 EAST DRIVE
CITY-ST-ZIP	MIAMI SPRINGS FL 33166
92	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
93	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
94	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
95	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
96	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES, OR DELETIONS TO OFFICERS AND DIRECTORS

91	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
92	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
93	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
94	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
95	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
96	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I 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 1 or Block 11 if changed, or on an attachment with an X in Block 10.

SIGNATURE: Isabel A. Acevedo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/95
Date

(305) 888-5241
Daytime Phone #

017A17 CP