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

APPROVED AND FILED

95 MAR -8 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042560 (0)**

1. Corporation Name

GOOD HEALTH MEDICAL CORPORATION

200001426152
-03/10/95--01041--011
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~6000 S.W. 40TH STREET~~ ~~SUITE 156~~ ~~MIAMI FL 33155~~	~~6000 S.W. 40TH STREET~~ ~~SUITE 156~~ ~~MIAMI FL 33155~~

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1761 SW 21 Ter.
Suite, Apt. #, etc. 22:
City & State, 23: Miami FL
Zip 24: 33145 Country 25: DADE

2a. Mailing Address
26: 1761 SW 21 Ter.
Suite, Apt. #, etc. 27:
City & State 28: Miami FL
Zip 29: 33145 Country 30: DADE

4. FEI Number: 65-0490585 ☐ 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

~~QUESADA, NOEL~~
~~6000 S.W. 40TH STREET~~
~~SUITE 156~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent

81 Name: Jorge L. Pulido
82 Street Address (P.O. Box Number is Not Acceptable): 1761 SW 21 Ter
83:
84 City: Miami FL 85: 33145

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] (NOTE: Registered Agent signature required when name altered) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PST~~	1.1 TITLE	PST ☐ Change ☐ Addition
NAME	~~QUESADA, NOEL~~	1.2 NAME	Jorge L. Pulido
STREET ADDRESS	~~6000 S.W. 40TH STREET, SUITE 156~~	1.3 STREET ADDRESS	1761 SW 21 Ter
CITY-ST-ZIP	~~MIAMI FL 33155~~	1.4 CITY-ST-ZIP	Miami FL. 33145
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	1765 3/8/95
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing 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 attached sheet with address.

SIGNATURE: [signature] SIGNATURE AND TYPE OR PRINTED NAME OF PRESIDENT OR DIRECTOR Date Daytime Phone #

0106002 CP