

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 JUN 21 AM 8:06

DOCUMENT # **P94000046372 (6)**

1. Corporation Name

ZIGMA MEDICAL CARE, INC.

Principal Place of Business

Mailing Address

10513 S.W. 40TH STREET
MIAMI FL 33165

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MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

06/21/94

4. FEI Number

65-0499619

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 § 199.032, Florida Statutes

Yes No

21. Principal Place of Business
1800 S.W. 1ST
Suite, Apt. #, etc.

26. Mailing Address
1800 S.W. 1ST
Suite, Apt. #, etc.

22. City & State
MIAMI FL

27. City & State
MIAMI FL

24. Zip
33135

County

29. Zip
33135

County

DADE

9. Name and Address of Current Registered Agent

HUARTE, MICHEL
6830 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

B1 Name HUARTE, MICHEL
B2 Street Address (P.O. Box Number is Not Acceptable) 1800 S.W. 1ST SUITE 320
B3
B4 City MIAMI FL B5 Zip Code 33135

11. Pursuant to the provisions of Sections 607.0507 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]

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
PTD	HUARTE, MICHEL	6830 MIAMI LAKES	MIAMI LAKES FL 33014
SVD	GAMEZ, ZOA	10847 N.W. 7TH ST. #14	MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
PTD	HUARTE, MICHEL	1800 S.W. 1ST SUITE 320	MIAMI FL 33135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVD	GAMEZ, ZOA	1800 S.W. 1ST SUITE 320	MIAMI FL 33135	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 treasurer 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]

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR