

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90098 023 ***150.00

DOCUMENT # P94000053680

1. Corporation Name

VINCAM PRACTICE MANAGEMENT, INC.

Principal Place of Business

2850 DOUGLAS RD.
CORAL GABLES FL 33134

Mailing Address

2850 DOUGLAS RD.
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1994

4. FEI Number

65-0668984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10200 SUNSET DR.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33173

Country

25 MIAMI-DADE

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARSTON, ELIZABETH J.
2850 DOUGLAS RD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

10200 SUNSET DR.

83

84 City

MIAMI

FL

85 Zip Code

33173

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CEO
SALADRIGAS, CARLOS A
STREET ADDRESS
2850 DOUGLAS RD.
CITY-ST-ZIP
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
S
MARSTON, ELIZABETH J.
STREET ADDRESS
2850 DOUGLAS ROAD
CITY-ST-ZIP
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
V
SANCHEZ, JOSE M
STREET ADDRESS
2850 DOUGLAS RD.
CITY-ST-ZIP
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
TS
PEREZ, MARTIN J
STREET ADDRESS
2850 DOUGLAS RD
CITY-ST-ZIP
CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME
P
CARLEN, JOHN T
STREET ADDRESS
2850 DOUGLAS RD
CITY-ST-ZIP
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
CFO
RODRIGUEZ, CARLOS A
STREET ADDRESS
2850 DOUGLAS ROAD
CITY-ST-ZIP
CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

William F. Cueto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F. CUETO

ASST. SECRETARY

Date

(305) 630-1000

Daytime Phone #

CR2E034 (11/98)

0274665