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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070899

1. Corporation Name

COMPUTERIZED MEDICAL SERVICES OF SOUTH FLORIDA Inc.

Principal Place of Business	Mailing Address
7364 SW 82nd ST. # E-109 Miami FL 33143	7364 SW 82nd ST. # E-109 Miami FL 33143

3. Date Incorporated or Qualified: 09/27/1994
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business
21 1401 Veracruz Lane
22 Suite, Apt. #, etc.
23 City & State: Ft.Lauderdale FL
24 Zip: 33327
25 Country: BROWARD

2a. Mailing Address
26 1401 Veracruz Lane
27 Suite, Apt. #, etc.
28 City & State: Fort Lauderdale FL
29 Zip: 33327
30 Country: BROWARD

4. FEI Number: 65-0522976 ☐ 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

JIMENEZ, KARLA M
7364 SW 82nd ST # E-109
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: JIMENEZ KARLA M
82 Street Address (P.O. Box Number is Not Acceptable): 1401 Veracruz Lane
83
84 City: Fort Lauderdale FL 85 Zip Code: 33327

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] Karla M. Jimenez PRESIDENT 04/29/1997
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JIMENEZ, KARLA M 7364 S.W. 82nd ST. # E-109 MIAMI FL 33143 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD JIMENEZ, KARLA M 1401 Veracruz Lane FT LAUDERDALE FL 33327 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARRECHEA, KAREL B 7364 SW 82nd ST # E-109 MIAMI FL 33143 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD ARRECHEA, KAREL B 1401 Veracruz Lane FT LAUDERDALE FL 33327 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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****165.00 ****165.00

14. I do 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 above, or on an attachment with an address.

SIGNATURE: [signature] Karla M. Jimenez 04/29/1997 (954)389-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #