

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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000079100 (1)

1. Corporation Name  
CLINIMED CORP.

Principal Place of Business

10125 N.W. 116TH WAY  
#5  
MIAMI FL 33178

Mailing Address

10125 N.W. 116TH WAY  
#5  
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1994

4. FEI Number

65-0551127

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 770 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

22 SUITE #305

City & State

23 CORAL GABLES, FL.

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 770 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

27 SUITE #305

City & State

28 CORAL GABLES, FL.

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

FIGUERAS, VIVIAN T  
2801 PONCE DE LEON BLVD  
SUITE 1170  
CORAL GABLES 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 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 PD  
STREET ADDRESS RODRIGUEZ, WILLIAM  
CITY-ST-ZIP 6630 SW 72ND CT  
MIAMI FL

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS RODRIGUEZ, JUAN CARLOS  
CITY-ST-ZIP 2870 N.E. 26TH COURT  
FORT LAUDERDALE FL 33306

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS FALERO, RAMON  
CITY-ST-ZIP 2843 S. BAYSHORE DR., #12  
COCONUT GROVE FL 33133

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS AGUERO, MANUEL  
CITY-ST-ZIP 2824 N.E. 26TH COURT  
FORT LAUDERDALE FL 33306

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

3/19/98

(205) 530-0000

CR2E034 (10/97)