

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 2:57

DOCUMENT # **P94000082615 (3)**

1. Corporation Name

FIVE MEDICAL, INC.

Principal Place of Business

**1474 WEST 84TH ST.
SUITE B
HALEAH FL 33014-3363**

Mailing Address

**1474 WEST 84TH ST.
SUITE B
HALEAH FL 33014-3363**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

4. FEI Number

65-0533727

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 (1)(2),
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SANCHEZ, CANDIDA M
1474 W. 84TH ST.
SUITE B
HALEAH FL 33014-3363**

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 of agent or certified name of registered agent and the corporation

Signature of registered agent (required when changing agent)

Date

12. OFFICERS AND DIRECTORS

**PSID
SANCHEZ, CANDIDA M
1474 WEST 84TH ST. SUITE B
HALEAH FL 33014-3363**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/

1. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

SIGNATURE:

Candida Sanchez President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95 (305) 822-5405