

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

FILED

99 OCT -8 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000082615 (3)**

1. Corporation Name
FIVE MEDICAL, INC.

Principal Place of Business

1665 WEST 68 STREET
SUITE 209
HIALEAH FL 33014-4400

Mailing Address

15460 S.W. 82 LANE
#407
MIAMI FL 33193

REINSTATEMENT 98-99

3. Date of Incorporation or Qualification

11/10/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 13700 S.W. 88th St

Suite, Apt. #, etc.

22 29N-C

City & State

23 MIA-FLA-

Zip

24 33186

Country

2a. Mailing Address

26 13825 S.W. 88th St

Suite, Apt. #, etc.

27 P.M.B. 209

City & State

28 MIA-FLA-

Zip

29 33186

Country

9. Name and Address of Current Registered Agent

CABALLERO, ESTELA I
15460 S.W. 82 LANE #407
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name

CABALLERO ESTELA I.

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

13700 SW 42nd Terrace

83

84 City

MIAMI

FL

85 Zip Code

33186

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, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-07-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
PSTD
CABLLERO, ESTELA I
STREET ADDRESS
15460 S.W. 82 LANE #407
CITY-ST-ZIP
MIAMI FL 33193

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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
PSTD
CABALLERO, ESTELA I.
1.3 STREET ADDRESS
13700 S.W. 42nd Terrace
1.4 CITY-ST-ZIP
MIA-FL-33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0269633

CR2E034 (10/97)