FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:03

DOCUMENT # P94000091305 (0)

1. Corporation Name
PACIFIC MEDICAL, CORP.

Principal Place of Business	Mailing Address
~~324 EAST 63RD ST.~~ ~~HIALEAH FL 33013~~	~~324 EAST 63RD ST.~~ ~~HIALEAH FL 33013~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1994	3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3750 W 16 AVE	26 3750 W 16 AOE
Suite, Apt. #, etc. 22 340 AV	Suite, Apt. #, etc. 27 340 AV
City & State 23 HIALEAH FL	City & State 28 HIALEAH FL
Zip 24 33012 Country 25 DADE	Zip 29 33012 Country 30 DADE

4. FEI Number: 65-0540646 — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~COBAS, ZULEMA~~ ~~324 EAST 63RD ST.~~ ~~HIALEAH FL 33013~~	81 Name: BARBARA D MENA 82 Street Address (P.O. Box Number is Not Acceptable): 12674 NW 9 TRAIL 83 84 City: MIAMI FL 85 Zip Code: 33182

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: Barbara Mena — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	~~COBAS, ZULEMA~~	12 NAME	BARBARA D MENA
STREET ADDRESS	~~324 EAST 63RD ST.~~	13 STREET ADDRESS	12674 NW 9 TRAIL
CITY-ST-ZIP	~~HIALEAH FL 33013~~	14 CITY-ST-ZIP	MIAMI FL 33182
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with this report is complete and accurate and 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: Barbara Mena — BARBARA D MENA — 2-11-95 — 305 557-1664

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME PHONE NUMBER

0000000 FP