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FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000091305 (0)

1. Corporation Name
PACIFIC MEDICAL CORP.

Principal Place of Business

3750 W 16TH AVE
SUITE 240 AV
HIALEAH FL 33012
US

Mailing Address

3750 W 16TH AVENUE
SUITE 240 AV
HIALEAH FL 33012-4654
US

3. Date Incorporated or Qualified
12/19/1994

3a. Date of Last Report
03/01/1996

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 s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RODRIGUEZ, RENE G
12674 NW 9TH TRAIL
MIAMI FL 33182

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 and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
PD
RODRIGUEZ, RENE G
1820 SW 75TH AVE RD
MIAMI FL
12.2 STREET ADDRESS
12.3 CITY - ST - ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY - ST - ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY - ST - ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY - ST - ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY - ST - ZIP
12.20 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY - ST - ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY - ST - ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY - ST - ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY - ST - ZIP

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 included 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Exemption Flow #

CR2E034 (9/96)