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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000004399 (8)

PACIFIC MEDICAL SERVICES, INC.

FILED Apr 08 1998 8:00am Secretary of State



			·····			<u> </u>		
Principal Place	_		iling Address				· · · · · · · · · · · · · · · · · · ·	
175 FOUNTY	MBLEU BLVD. STE 1N2		S FOUNTAINBLEU BLVI	D. STE 1N2	!			
MIAMI FL 23172 MIAMI FL 23172						DO NOT WRITE IN THIS SPACE		
-			•			3. Date Incorporated or Qualified	IN THIS STACE	
						01/18/1995		
2. Principal P	ace of Business	2a.	Mailing Address			4. FEI Number	Applied For	
	2 SW 40ST	26	SAME			65-0548291	Not Applica	
Suite, Apt.			Suite, Apt. #, etc.				A0 7F	
2 309 A 27					5. Certificate of Status Desired	Fee Required		
City & State City & State				<u></u>		6. Election Campaign Financing	\$5.00 May Be	
23 NNAM 28			·			Trust Fund Contribution	Added to Fees	
Zip	Country		Z ip	Count	ry	8. This corporation owes or has pale		
Zip 24 33/	55 25 USA	29	ļ	30		Personal Property Tax due June		
	9. Name and Address of Curr	rent Registe	ered Agent			10. Name and Address of New Reg	latered Agent	
8E	RENGUER, ARISTIDES			8	1 Name	IVAN AGUERA		
	354-9W 96 LN			8	2 Street Adv	dress (P.O. Box Number is Not Acceptable		
	MI FA 33186				144	311 SW 88 ST A	101 203 A	
•=	J			8	3		/ · · · · · · · · · · · · · · · · · · ·	
					 _		· · · · · · · · · · · · · · · · · · ·	
				8	4 City	MIAM!	FI 85 292922∠	
12.	Signature, typed or printed name of registered OFFICERS A		TORS	13.	Pour editore led	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		
TITLE	PD		DELETE	1.1 TITLE			Change Add	
NAME	BERENGUER, ARISTADES		•	1.2 NAME	Ε .	IVAN AGUERA		
STREET ADDRESS	175 FOUNTAINBLEU BLVD	STE 1N2	•	1.3 STRE	ET ADORESS	11880 BIRD RD SU MIAMI . F1. 3317	11TE 309 A	
CITY-ST-ZIP	MIAMI PC			1.4 CITY	-ST-ZIP	MIAMI. F1. 3317	25	
TVTLE			DELETE	2.1 TITLE			Change Add	
NAME				2.2 NAM	E			
STREET ADDRESS				2.3 STRE	ET ADDRESS			
CITY-ST-ZIP				2. 4 CITY	- ST - ZIP	•		
TITLE			DELETE	3.1 TITLE			Change Addi	
NAME				3.2 NAME	E Ì			
STREET ADDRESS				3.3 STRE	ET ADDRESS			
CITY-S1-ZIP				3.4. CITY	-ST-ZIP			
TITLE			DELETE	4.1 TITLE			☐ Change ☐ Addi	
NAME				4. 2 NAM	E			
STREET ADDRESS				4.3 STRE	ET ADDRESS			
CITY-ST-ZIP				4.4 CITY	-ST-ZIP			
TITLE			DELETE	5.1 TITLE			Change Addi	
NAME				5.2 NAME	i l			
STREET ADDRESS				5.3 STRE	ET ADDRESS			
CITY-ST-ZIP				5.4 CITY	-ST-ZIP			
TITLE		 	DELETE	6.1 TITLE			☐ Change ☐ Addi	
NAME				6.2 NAME	E			
STREET ADDRESS				6.3 STRE	ET ADDRESS			
CITY-ST-ZIP				6.4 CITY				
14 Lhereby C	artifu that the Information cupoling	with this file	ing door not qualify to			o Section 110 07/3/i) Florida Statutos 14	urther certify that the informati	

Interept certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental 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 within address.

GNATURE:

IVAN AGUERA

3-3/-98

305-22/007

SIGNATURE:

IVAN AGUERA

305-22/0079