

DOCUMENT # P95000007700

1. Entity Name

ALL MEDICAL DEPOT OF DADE, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90001 031 ***550.00

Principal Place of Business

6931 N.W. 82ND AVE.
MIAMI FL 33166

Mailing Address

6931 N.W. 82ND AVE.
MIAMI FL 33166

2. Principal Place of Business

9740 EAST EVERGREEN ST

3. Mailing Address

9740 EAST EVERGREEN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-0553566

Applied For

Not Applicable

Zip

33157

Country

U.S.

Zip

33157

Country

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLOVERAS, MARGARITA
6931 N.W. 82 AVE.
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Jose C Segarra

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

9740 EAST EVERGREEN ST.

City Miami

FL

Zip Code

33157

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Jose C Segarra

8/23/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME BALLOVERAS, MARGARITA
STREET ADDRESS 6931 N.W. 82ND AVE.
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE S
NAME SOTOMAYOR, JOSE
STREET ADDRESS 6931 N.W. 82ND AVE.
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Maggie Balloveras
STREET ADDRESS 9740 EAST EVERGREEN ST
CITY-ST-ZIP Miami FL 33157 ☒ Change ☐ Addition

TITLE Secretary
NAME BRAUN, STEVE
STREET ADDRESS 9740 EAST EVERGREEN STREET
CITY-ST-ZIP Miami, FL 33157 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maggie Balloveras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00

Date

Daytime Phone #

786-242-1943

~~305-815-1025~~

CR2E034 (5/00)