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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011596 (0)

MEDICAL NECESSITY SERVICE INC.

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FILED
Apr 20 1998 8:00am
Secretary of State

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Principal Place of Business	Mailing Address		1 TODIADEL DIÐ JOIDE GISTA AÐFIT ÐÆSTA BOST DA	iadı iladı ildal dizib ibilə əsəl sədi
3720 SW 2/ TERRACE	3720 SW 27 TERRACE			
MIAMI FI/30134	MIAMI A 33134		DO NOT WRITE IN	THIS SOADE
US /	08/		3. Date Incorporated or Qualified	THIS STACE
	,		02/10/1995	
2. Principal Place of Business	2a, Mailing Address	<del> </del>	4. FEI Number	Applied For
353 EAST 1ST AVE	26 353 EAST	1ST AVE	65-0555289	Not Applicable
Suite, Apt. #, etc. 2	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State HIALEAH, Florida	City & State  28 HALEAH, +	FORIBA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 5 A	Zip 33010 30	Country SA	8. This corporation owes or has paid to	
	1-01	0.34	Personal Property Tax due June 30.	
g. Name and Address of Current	Registered Agent	04 None	10. Name and Address of New Regist	tered Agent
PINEIRO, ILEANA		81 Name	ALBERTO ALEMAN	
1087 6.W 131ST AVENUE		82 Street A	ddress (P.Q. Box Number is Not Acceptable)	
MIAMI FC 33184		83	EAST IST AVE	
		50		
		84 City	ralead	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above-named c	orporation submits this statement for the purp	ose of changing its registered
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with and accept the obligat</li> </ol>	f Florida, Such change was auth	norized by the corpo	oration's board of directors. I hereby accept th	e appointment as registered
A HILLAN	ions of section oor loads, friend	a Statutes.	A)	9/98
Signal d. ty did or printed named of registered agreet	and the if applicable (NOTE: Re	egistered Agent signature re	equired when reinstating)	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE PO	DELETE		PRESIDENT	Change
NAME PINEIRO, ILEANA	·		ALBERTO ALEMAN	
STREET ADDRESS 108 S.W. 131ST AVENUE			353 BAST IST AVE	I
CITY-ST-ZIP MIAMI FL 33184			HA16AH, F1. 33010	
TITLE	DEL <b>ete</b>	21 TITLE		Change Addition
VAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		]
CITY-SI-ZIP	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE VAME	f nereie	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	CT PECEL	4.1 THEE		Carlo charge Carlo Addition
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TILE	☐ DELETE	5.1 TITLE		Change Addition
LAME !		5.2 NAME		1) Km "\1 [

14. Thereby 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 supplientental annual robort 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 of 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.

5.4 City - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Kunan

DELETE

4/9/98

(305) 883.8666

Addition