

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000013196 (7)

1. Corporation Name

MEDERI OF ESCAMBIA COUNTY, INC.



Principal Place of Business

1401 BRICKELL AVENUE STE. 700
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVENUE STE. 700
MIAMI FL 33131

3. Date Incorporated or Qualified
02/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 100 SE 2nd St

Suite, Apt. #, etc.

22 28 Floor

City & State

23 Miami, FL

Zip

24 33131

Country

25 US

2a. Mailing Address

26 100 SE 2nd St

Suite, Apt. #, etc.

27 28 Floor

City & State

28 Miami, FL

Zip

29 33131

Country

30 US

4. FEI Number

Applied for

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVENUE STE. 700
MIAMI FL 33131

81 Name

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

100 SE 2nd St.

83

28 Floor

84 City

miami

FL

85 Zip Code

33131

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

Signature typed or printed name of registered agent or director

Date of Registration

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D/P
Sandra Vazquez
2401 DOUGLAS RD.
CORAL GABLES, FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D/S/T
DAVID NYSSLEIN
2401 DOUGLAS RD.
CORAL GABLES, FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

600001847526

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I do hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)