

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000018170 (7)

1. Corporation Name

INFOMED GROUP, INC.



Principal Place of Business

Mailing Address

C/O 1500 SAN REMO AVE., SUITE 176  
CORAL GABLES FL 33146

C/O 1500 SAN REMO AVE., SUITE 176  
CORAL GABLES FL 33146

2. Principal Place of Business

2a. Mailing Address

21 360 GRECO AVE

26 3051 MARY STREET

22 SUITE 202

Suite, Apt #, etc.

23 City & State  
CORAL GABLES, FL

27 City & State  
MIAMI, FL

24 Zip Country  
33146 US

29 Zip Country  
33133 USA

3. Date Incorporated or Qualified

03/03/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, JEFFREY C  
1500 SAN REMO AVE., SUITE 176  
CORAL GABLES FL 33146

81 Name  
LEONARD RABIN

82 Street Address (P.O. Box Number is Not Acceptable)  
3051 MARY ST

83

84 City FL 85 Zip Code  
MIAMI 33133

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 LEONARD RABIN

8/5/96

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

(If 032: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME RABIN, LEONARD S  
STREET ADDRESS 528 ALTARA AVENUE  
CITY-ST-ZIP CORAL GABLE FL 33146

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D  
NAME MOORE, JODI  
STREET ADDRESS 528 ALTARA AVENUE  
CITY-ST-ZIP CORAL GABLE FL 33146

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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\*\*\*225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

(305) 441-9460

Date

Daytime Phone #

CR2E034 (3/96)