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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000022903 (5) DOCUMENT

MEDICAL						
Principal Place of	Business	Mailing	Address	L SOUTH OF THE LAND		
	3929 PONCE DE LEON BLVD. CORAL GABLES FL 33134		3929 PONCE DE LEON BLVD CORAL GABLES FL 33134			
					3. Date Incorporate 03/20/1995	
2. Principal Place	2. Principal Place of Business 21		ling Address		4. FEI Number	
21					65-058046	
Suite, Apt. #, 6	etc.	Suii 27	o, Apt. #, etc.		6. Certificate of Sta	
City & State			& State	6. Election Campa Trust Fund Cont		
7:	Causa	7in		Country		

FILED Mar 04 1998 8:00am Secretary of State



3929 PONCE CORAL GABLE	DE LEON BLVD. ES FL 33134		3929 PONCE DE LEON BLVD CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE						
							3. Date Incorporated or Qualified 03/20/1995					
2. Principal Pl	lace of Business	2a. Ma	ailing Address				4. FEI Number			Applied	For	
21		26				65-0580462			Not App			
Suite, Apt.	#, etc.		ito, Apt. #, etc.		-				\$8.7	5 Additio		
22		27		_			Certificate of Status Desired		Fe	e Required	đ	
City & State	9	Cit	ty & State				6. Election Campaign Financing	_		00 May		
23		28		T			Trust Fund Contribution			ded to Fee		
Zip	Country	<u> </u>	Zip Country 30			8. This corporation owes or has paid the current year Intangible						
24 25 29 3 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. 10. Name and Address of New Registered					Yes No		
OT/		ont nogratore	N Ageill		81	Name	IU. Hand and Rouses of New II	oglatorou z	- Source		\dashv	
	ACK, KEVIN C				32							
3929 PONCE DE LEON BLVD CORAL GABLES FL 33134						Street Add	dress (P.O. Box Number is Not Acceptable)					
•	INE ONDERO I E OU 104			Ē	33						$\neg \neg$	
				-	84	Cibi			Toel	Zip Code		
					- 1	City		FL	1	·		
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob-	502 and 607.1 te of Florida. Signations of, Sc	1508, Florida Statu Such change was ection 607.0505, Fl	ites, the abo authorized lorida Statu	by tes	-named corpora	poration submits this statement for the tion's board of directors. I hereby acceptions	purpose of pt the app	changli ointmen	ng its regist t as regist	stered ered	
SIGNATURE											i	
	Signature, typod or printed name of registered				Ager	ni signalura requ	ired when reinstaling)	DATE				
12.	OFFICERS A	ND DIRECTO	DELETE	13. 1.1 TITL	c		ADDITIONS/CHANGES TO OFF	CERS AND	DIREC L. Char		Addition	
TITLE NAME	STACK, KEVIN C.		L.J DELL'IL	1.1 IIIC 1.2 NAM					Land Otto	. لييا	- Collion	
STREET ADDRESS	3929 PONCE DE LEON BL	'n				ADDRESS					1	
CITY-ST-ZIP	CORAL GABLES FL	<i>.</i> .		1.4 CIT		1					1	
TITLE	ST ST		DELETE	2.1 TITE		1-21		<u>-</u>	☐ Chai	nge 🔲	Addition	
NAME	STACK, CHARLES R.		_	2.2 NAN		1		a.		• –		
STREET ADDRESS	3929 PONCE DE LEON BL	/D		2.3 STRI	EET /	ADDRESS					1	
CITY-ST-ZIP	CORAL GABLES FL			2. 4 CIT		- 1					j	
TITLE			DELETE	3.1 TITL	E				Char	nge 🔲	Addition	
NAME				3.2 NAM	Æ							
STREET ADDRESS				3.3 STR	EET /	ADDRESS					1	
CITY - ST - ZIP				3.4. CIT		T-ZIP						
TITLE			DELETE	4.1 TITL					Char	nge 📙	Addition	
NAME				4. 2 NA							- !	
STREET ADDRESS						address					ŀ	
CITY-ST-ZIP			051.575	4.4 CITY		r-ZIP			Char		Addition	
TITLE			DELETE	5.1 TITL					unar	اليا سي	Audition	
NAME				5.2 NAN							- 1	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DELETE	5.4 CITY		r-ZIP			☐ Char	nne T	Addition	
TITLE			L.J DELETE	6.1 TITL					chai	السا ۱۹۷۳	Addition	
CONTRACTOR				6.2 NAM		ADDRESS					}	
STIMEET ADDRESS				63 SIR							ı	
CITY-ST-ZIP	•			■ 6.4 CH11	-51	1 * ZIF						

14. hereby certify that the information supplied with his filling 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 suppliemental annual report is ruge 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 receiper or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an appears.

SIGNATURE: