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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000028449 (3)**

1. Corporation Name
TOUCH MEDICAL SERVICES, INC.

Principal Place of Business
8361 N.W. 68TH STREET #106
MIAMI FL 33166

Mailing Address
8361 N.W. 68TH STREET #106
MIAMI FL 33166-2663

3. Date Incorporated or Qualified: **04/11/1995**
3a. Date of Last Report: **01/26/1996**

2. Principal Place of Business
21
Suite Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0571708** ☐ 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

RODRIGUEZ, OMAR
984 W. 40TH STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: RODRIGUEZ, OMAR
82 Street Address (P.O. Box Number is Not Acceptable): 9205 NW 120 ter
83
84 City: HIALEAH GARDENS **FL** 85 Zip Code: 33016

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 _____ DATE _____
(If changing Registered Agent, Signature required when mailed)

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: RODRIGUEZ, OMAR
STREET ADDRESS: 984 W. 40TH STREET
CITY-ST-ZIP: HIALEAH FL 33012
☒ 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☒ Change ☐ Addition
1,2 NAME: RODRIGUEZ, OMAR
1,3 STREET ADDRESS: 9205 NW 120 ter
1,4 CITY-ST-ZIP: HIALEAH GARDENS, FL 33016

2 TITLE / 2,2 NAME / 2,3 STREET ADDRESS / 2,4 CITY-ST-ZIP ☐ Change ☐ Addition

3 TITLE / 3,2 NAME / 3,3 STREET ADDRESS / 3,4 CITY-ST-ZIP ☐ Change ☐ Addition

4 TITLE / 4,2 NAME / 4,3 STREET ADDRESS / 4,4 CITY-ST-ZIP ☐ Change ☐ Addition

5 TITLE / 5,2 NAME / 5,3 STREET ADDRESS / 5,4 CITY-ST-ZIP ☐ Change ☐ Addition

6 TITLE / 6,2 NAME / 6,3 STREET ADDRESS / 6,4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/96)

14. 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 12 or 13 above, or on an attachment with an address.

SIGNATURE: _____ 1/6/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date