

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000034920 (5)

1. Corporation Name

ALLUCINATION MEDICAL SERVICES, CORPORATION



Principal Place of Business

Mailing Address

8567 CORAL WAY
SUITE 234
MIAMI FL 33155

8567 CORAL WAY
SUITE 234
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

CAJIGAS, VICTOR M
8567 CORAL WAY
SUITE 234
MIAMI FL 33155

3. Date Incorporated or Qualified
05/04/1995

3a. Date of Last Report

4. EFT Number

65-057297

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

81 Name

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

83

84 City

FL

85 Zip Code

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 with date

Signature typed or printed name of registered agent with date

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PSTD
CAJIGAS, VICTOR M
STREET ADDRESS
8567 CORAL WAY, 3234
CITY- ST- ZIP
MIAMI FL 33155

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13.

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Victor M. Cajigas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

CR2E034 (12/95)