

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 # P95000040200 (4)

1. Corporation Name

SOUTHSIDE MEDICAL SERV. CORP.



Principal Place of Business

7335 W. 14TH CT.
HIALEAH FL 33014

Mailing Address

7335 W. 14TH CT.
HIALEAH FL 33014

2. Principal Place of Business

2a. Mailing Address

21 SOUTHSIDE MEDICAL SERV

26 SOUTHSIDE MEDICAL SERV

65-0582179

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1430 SW 1 ST suite #211

27 1430 SW 1 ST # 211

City & State

City & State

23 MIAMI FL

28 MIAMI FL

24 33135

Country

25 DADE

Country

29 33135

Country

30 DADE

9. Name and Address of Current Registered Agent

FIGUEROA, IGNACIO
7335 W. 14TH CT.
HIALEAH FL 33014

3. Date of Incorporation or Qualified

05/22/1995

3a. Date of Last Report

4. FEI Number

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. 190.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

FERMIN COTERA

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

1430 SW 1 ST suite # 211

83

84 City

MIAMI

FL

85 Zip Code

33135

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Ignacio Figueroa

11/19/96

Signature of person or persons authorized to sign this statement

Signature of person or persons authorized to sign this statement

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	FIGUEROA, IGNACIO	7335 W. 14TH CT.	HIALEAH FL 33014	☒
V	COTERA, FERMIN	7335 W. 14TH CT.	HIALEAH FL 33014	☒
				☐
				☐
				☐
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				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
1	PRESIDENT	FERMIN COTERA	1430 SW 1 ST #211 MIAMI FL	☒
2	VICE PRESIDENT	IGNACIO FIGUEROA	1430 SW 1 ST # 211 MIAMI FL 33135	☒
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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)(b), Florida Statutes. I further 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

11/19/96

649-3632

57 3-25-96

CR2E034 (12/95)