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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000040200 (4)**

1. Corporation Name
SOUTHSIDE MEDICAL SERV. CORP.

Principal Place of Business	Mailing Address
1430 SW 1 ST SUITE 211 MIAMI FL 33135	1430 SW 1 ST SUITE 211 MIAMI FL 33135-2256

3. Date Incorporated or Qualified: 05/22/1995
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business	2a. Mailing Address
21 SOUTHSIDE MEDICAL SER.	26 SOUTHSIDE MEDICAL SER.
Suite, Apt. #, etc. 22 1430 S W 1 ST # 211	Suite, Apt. #, etc. 27 1430 S W 1 ST # 211
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33135 / 25 DADE	Zip / Country 29 3315 / 30 DADE

4. FEI Number: 65-0582179 ☐ 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
COTERA, FERMIN 1430 SW 1 ST SUITE 211 MIAMI FL 33135	81 Name: FERMIN COTERA 82 Street Address (P.O. Box Number is Not Acceptable): 1430 S W 1 ST SUITE # 211 83 84 City: MIAMI FL 85 Zip Code: 33135

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] 1/23/97.
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COTERA, FERMIN 1430 SW 1 ST SUTE 211 MIAMI FL 33135 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COTERA, IGNACIO 1430 SW 1 ST SUTE 211 MIAMI FL 33135 ☐ DELETE Wrong	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Figueroa, Ignacio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	400002083134 ☐ Change ☐ Addition -02/06/97--01017--047 ***165.00 VB 26

14. I do 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 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 added by attachment with an address.

SIGNATURE: [signature] 1/23/97

CR2E034 (9/96)