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Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0582179

Applied For

Not Applicable

2. Principal Place of Business

21. SOUTHSIDE MEDICAL

2a. Mailing Address

26. SOUTHSIDE MEDICAL SERV,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 215 SW 17 AVE, #203

27. 215 SW 17 AVE, #203 A

City & State

City & State

23. MIAMI, FL

28. MIAMI, FL

Zip

Country

Zip

Country

24. 33135 25. DADE

29. 33135

30. DADE

g. Name and Address of Current Registered Agent

COTERA, FERMIN
1430 SW 1 ST
SUITE 211
MIAMI FL 33135

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 agree to fulfill the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent and file a application

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar/23/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
COTERA, FERMIN
1430 SW 1 ST SUTE 211
MIAMI FL 33135

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
FIGUEROA, IGNACIO
1430 SW 1 ST SUTE 211
MIAMI FL 33135

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT
FERMIN COTERA
215 SW 17 AVE, Suite 203 A
MIAMI, FL 33135

Change Addition

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

VICE PRESIDENT
IGNACIO FIGUEROA
215 SW 17 AVE, Suite 203 A
MIAMI, FL 33135

Change Addition

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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 and 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 in any attachment with an address.

SIGNATURE

Mar/23/98

CR2E034 (10/97)