

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90102 020 \*\*\*150.00

0271440

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000040200

1. Corporation Name  
SOUTHSIDE MEDICAL SERV. CORP.

Principal Place of Business  
SOUTHSIDE MEDICAL  
215 SW 17TH AVE. SUITE 203A  
MIAMI FL 33135  
US

Mailing Address  
SOUTHSIDE MEDICAL SERV  
215 SW 17TH AVE. SUITE 203A  
MIAMI FL 33135  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/22/1995

4. FEI Number  
65-0582179

5. Certificate of Status Desired ☐ Applied For  
Not Applicable

6. Election Campaign Financing ☐ \$8.75-Additional  
Trust Fund Contribution Fee Required

7. \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

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

9. 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  
85 Zip Code

FL

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar 25/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	COTERA, FERMIN	215 SW 17TH AVE, SUITE 203A	MIAMI FL 33135	<input type="checkbox"/>
VP	FIGUEROA, IGNACIO	215 SW 17TH AVE, SUITE 203A	MIAMI FL 33135	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Signature typed or printed name of signing officer or director

Date

Daytime Phone #