

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P95000045441**
Corporation Name
PMZ HEALTH CARE SERVICES, INC.

Principal Place of Business
**481 SW 153 STREET
AMI FL 33187**

Mailing Address
**15481 SW 153 STREET
MIAMI FL 33187**

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90007 013 ***550.00



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---------------------|--|--|--|
| Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/06/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 65-0599886 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent ZARLING, PATRICIA M 15481 SW 153 STREET MIAMI FL 33187 | | | | 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 | |

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 | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
|---|--|--|--|---|--|
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1. NAME D ZARLING, PATRICIA M <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2. STREET ADDRESS 15481 SW 153 STREET | | 1.2 NAME | | | |
| 3. CITY-STATE-ZIP MIAMI FL 33187 | | 1.3 STREET ADDRESS | | | |
| | | 1.4 CITY-STATE-ZIP | | | |
| | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 2.2 NAME | | | |
| | | 2.3 STREET ADDRESS | | | |
| | | 2.4 CITY-STATE-ZIP | | | |
| | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 3.2 NAME | | | |
| | | 3.3 STREET ADDRESS | | | |
| | | 3.4 CITY-STATE-ZIP | | | |
| | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 4.2 NAME | | | |
| | | 4.3 STREET ADDRESS | | | |
| | | 4.4 CITY-STATE-ZIP | | | |
| | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 5.2 NAME | | | |
| | | 5.3 STREET ADDRESS | | | |
| | | 5.4 CITY-STATE-ZIP | | | |
| | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 6.2 NAME | | | |
| | | 6.3 STREET ADDRESS | | | |
| | | 6.4 CITY-STATE-ZIP | | | |

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.

SIGNATURE: **Patricia M. Zarling** 8/24/99 305-232-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)