FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000052505

1. Corporation Name

LAURA MARIA MEDICAL READING, CORP.
7801 CORAL WAY, #121
MIAMI, FL. 33155

Principal Place of Business / Mailing Address

7801 CORAL WAY, #121
MIAMI, FL. 33155

3. Date Incorporated or Qualified: 12-31-95

3a. Date of Last Report:

2. Principal Place of Business (21):

2a. Mailing Address (26):

4. FEI Number: 65-0592931 — Applied For / Not Applicable

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State (23):

City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip (24): Country (25):

Zip (29): Country (30):

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Ricardo Gutierrez
3242 N.W. 99 Street
Miami, Fl. 33147

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 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

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Ricardo Gutierrez	
STREET ADDRESS	3242 N.W. 99 Street	
CITY-ST-ZIP	Miami, Fl. 33147	
TITLE	Secretary	☐ DELETE
NAME	Luisa Penalver	
STREET ADDRESS	10410 N.W. 131 Street	
CITY-ST-ZIP	Hialeah Gardens, Fl. 33016	
TITLE	Vice-President	☐ DELETE
NAME	Astrid Febre	
STREET ADDRESS	5050 N.W. 7th Street #305	
CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	Treasurer	☐ DELETE
NAME	Alejandro Ingala	
STREET ADDRESS	9335 N.W. 52 Street # 305	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	000001735670	
4.4 CITY-ST-ZIP	-03/07/96--01068--016	
5.1 TITLE	***200.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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: X _____ Ricardo Gutierrez-President — 2-28-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)