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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P95000052848 (5)**

1. Corporation Name

POEY MEDICAL SERVICES, CORP.

Principal Place of Business	Mailing Address
230 NW 87 AVE. #1205 MIAMI FL 33172	230 NW 87 AVE. #1205 MIAMI FL 33172

2. Principal Place of Business	2a. Mailing Address
21 11398 West Flagler St.	26 11398 West Flagler St
Suite, Apt. #, etc. 22 Suite 109	Suite, Apt. #, etc. 27 Suite 109
City & State 23 Sweetwater FL	City & State 28 Sweetwater, FL
Zip 24 33174 Country 25	Zip 29 33174 Country 30

3. Date Incorporated or Qualified: 07/03/1995 | 3a. Date of Last Report:

4. FEI Number: 65-0594101 | ☐ 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

AGUERA, RICARDO
230 NW 87 AVE, #1205
MIAMI FL 33172

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 607.1502 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 _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST	☐ DELETE
NAME	AGUERA, RICARDO	1 * TITLE
STREET ADDRESS	230 NW 87 AVE, #1205	1 NAME
CITY-ST-ZIP	MIAMI FL 33172	1 STREET ADDRESS
		1 CITY-ST-ZIP
TITLE		☐ DELETE
NAME		2 * TITLE
STREET ADDRESS		2 NAME
CITY-ST-ZIP		2 STREET ADDRESS
		2 CITY-ST-ZIP
TITLE		☐ DELETE
NAME		3 * TITLE
STREET ADDRESS		3 NAME
CITY-ST-ZIP		3 STREET ADDRESS
		3 CITY-ST-ZIP
TITLE		☐ DELETE
NAME		4 * TITLE
STREET ADDRESS		4 NAME
CITY-ST-ZIP		4 STREET ADDRESS
		4 CITY-ST-ZIP
TITLE		☐ DELETE
NAME		5 * TITLE
STREET ADDRESS		5 NAME
CITY-ST-ZIP		5 STREET ADDRESS
		5 CITY-ST-ZIP
TITLE		☐ DELETE
NAME		6 * TITLE
STREET ADDRESS		6 NAME
CITY-ST-ZIP		6 STREET ADDRESS
		6 CITY-ST-ZIP

☐ Change ☐ Addition

800001880198
-07/01/96--01025--004
***200.00

05-01-96 OK

14. I do hereby certify that the information supplied with this filing qualifies for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 attached sheet, with address.

SIGNATURE: Ricardo A. Aguera 4/29/96 305-718-9744 / 305-222-8485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)