

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

**APPROVED  
AND  
FILED**

1997 JUN 10 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P95000052848 (5)**  
1. Corporation Name  
**POEY MEDICAL SERVICES, CORP.**



|  |   |
|--|---|
| Principal Place of Business<br><b>11398 W FLAGLER ST. STE 109<br/>SWEETWATER FL 33174<br/>US</b> | Mailing Address<br><b>11398 W FLAGLER ST. STE 109<br/>SWEETWATER FL 33174-4200<br/>US</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/03/1995</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>21 175 FONTAINEBLEAU BLVD</b><br>Suite, Apt. #, etc.<br><b>22 2-D2</b><br>City & State<br><b>23 MIAMI, FL</b><br>Zip<br><b>24 33172</b> | 2a. Mailing Address<br><b>26 175 FONTAINEBLEAU BLVD.</b><br>Suite, Apt. #, etc.<br><b>27 2-D2</b><br>City & State<br><b>28 MIAMI, FL</b><br>Zip<br><b>29 33172</b><br>Country<br><b>30 U.S.A.</b> |
|--|---|

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0594101</b>  | Applied For<br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *Ricardo Aguera* (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          | <b>PVST</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>AGUERA, RICARDO</b>      |                                 |
| STREET ADDRESS | <b>230 NW 87 AVE, #1205</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33172</b>       |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>900002207328-1</b>   |
| 2.3 STREET ADDRESS | <b>-06/10/97--01041--009</b>                                      |
| 2.4 CITY-ST-ZIP    | <b>****165.00</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

*10/10/97*

14. I do 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, for an attachment with an address.

SIGNATURE *Ricardo Aguera* DATE **10/10/97** 305 222-8485

CR2E034 (9/96)