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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000052848 (5)

POEY MEDICAL SERVICES, CORP.

Principal Place	of Business	Mailing Address				** 56181 91114 61821 18117 61831 1811 1811
175 FONTAIN	EBLEAU BLVD	175 FONTAINEBLEAU BLVD				
2-02   MIAMI FL 33172   US		2-D2 Miami Fl 33172 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0594101	Not Applicable
Suite, Apt. 6	W, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			A Startion Company Financing	<del></del>
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Count	гу	8. This corporation owes or has pai	d the current year Intangible
24	25	29	30		Personal Property Tax due June	
	9. Name and Address of Curre	nt Registered Agent		<u>., </u>	10. Name and Address of New Reg	platered Agent
	UERA, RICARDO		8	1 Name		
230 NW 87 AVE, #1205 MIAMI FL 33172			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable	le)
MIL	WII FL 331/2		8:	3		
1			8	4 City		65 Zip Code
44 5				<u> </u>		FL   FL   FL   FL   FL   FL   FL   FL
11. Pursuant to	o the provisions of Sections 607.050 agistered agent, or both, in the State	12 and 607.1508, Florida Statu of Florida Such change was	ites, the abo authorized t	ve-named corpora	poration submits this statement for the pa tion's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
agent I an	n familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statuti	9 <b>S</b> .	, ,	
SIGNATURE	Signature, typed or printed name of registered ap-	not and title diamolymbia AMC	TE Positioned &	Gent signal ve cand	ired when reinstaling)	DATE
12.		ID DIRECTORS	13.	Bour eiflusione rador	ADDITIONS/CHANGES TO OFFICE	
TITLE	PVST	☐ DELETE	1.1 TITLE			Change Addition
NAME	AGUERA, RICARDO		1.2 NAME	:	4	
STREET ADDRESS	230 NW 87 AVE, #1205		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAM! FL 33172			LI MUNITEUU		
TITLE			1.4 CITY	i i		
		☐ DELETE	1	-ST-ZIP		☐ Change ☐ Addition
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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 ply signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowers 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:

4/21/98 (305) 222-848

**FILED** 

Apr 29 1998 8:00am

Secretary of State

R2E034 (10/97)