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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000052901**1. Corporation Name

SKY ME	EDICAL SERVICES, INC.	•							
	•	•						18 4 6 44	
Principal Plac	ce of Business	Mailing Address						4918) ((91 98)	
1784 W. FLAG	GLER ST.	1784 W. FLAGLER ST.						,	
#18	· .	#18				DO NOT WRITE IN THE	C CDACE		
MIAMI FL 3313	35	MIAMI FL 33135 US				DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	5 SPACE		
	•					07/10/1995			
2 Principal I	Place of Business	2a. Mailing Address				4. FEI Number	Ι Δη	plied For	
21		26	٠٠ خــ ٠٠			65-0592748	, —	t Applicable=	بر در جسدا
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.					\$8.75 A		1
22		27				5. Certificate of Status Desired	Fee Re		
City & Sta	ate	City & State			*	6. Election Campaign Financing	\$5.00	Mav Be	
23	•	28				Trust Fund Contribution	Added t		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year In	ntangible		
24	25	29	30			Personal Property Tax.		□No	
	9. Name and Address of Curre	ent Registered Agent		94		10. Name and Address of New Registered	I Agent		
GOI	NZALEZ, JULIO C			81 Nan	ne			٠, .	
	4 W. FLAGLER ST.			82 Stre	et Addre:	ss (P.O. Box Number is Not Acceptable)			
#18		•		83		The real mass as we can be designed in the control of the control	141.51.000	<u> </u>	
	MI FL 33135			63			提供制		
(iii) II				84 City	•	्र क्रिकेट में अर्थी के पूर्व के के के के के बेबार करा। • • • • • • • • • • • • • • • • • • •	85 Zip C	ode	
	to the second second Sections 607.05	02 and 607 1509. Florida Ptati				FI	E abonaina ita	annintarnal:	
office or	registered agent, or both, in the State	e of Florida. Such change was	authorized	by the co	rporation	ration submits this statement for the purpose of submits the statement for the purpose of submits accept the appointment of the submits accept the	intment as rec	jistered	
് പാർ agent. il a	am familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statu	ites.			1000		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent signatu	re required v	when reinstating) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		 	,
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	Ç
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14. 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 regulired by Chapter 607. Elorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

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