FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 AUG 13 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058746

1. Corporation Name
GREAT SPRING MEDICAL SERVICE, INC.

REINSTATEMENT 96-98 AR

Principal Place of Business	Mailing Address
4451 N.W. 36TH ST.	4451 N.W. 36 TH ST.
MIAMI SPRINGS, FL 33166	MIAMI SPRINGS, FL 33166

3. Date Incorporated or Qualified: JULY 31, 1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10481 S.W. 88 ST.	26 10481 S.W. 88 ST.
22 Suite, Apt. #, etc. STE 2031	27 Suite, Apt. #, etc. STE 2031
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33176 25 Country US	29 Zip 33176 30 Country US

4. FEI Number: 65-0603905 ☐ 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

ARMENTEROS, VIRGILIO
4451 N.W. 36TH ST.
MIAMI SPRINGS, FL 33166

10. Name and Address of New Registered Agent

81 Name: ARMENTEROS, VIRGILIO
82 Street Address (P.O. Box Number is Not Acceptable): 10481 S.W. 88 ST.
83: STE 2031
84 City: MIAMI FL 85 Zip Code: 33176

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: Virgilio Armenteros VIRGILIO ARMENTEROS- PRESIDENT 08-10-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	ARMENTEROS, VIRGILIO	1.2 NAME	ARMENTEROS, VIRGILIO
STREET ADDRESS	75 GLEN ROYAL PKWY. #10	1.3 STREET ADDRESS	10481 S.W. 88 ST., STE 2031
CITY-ST-ZIP	MIAMI, FL 33125	1.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***1050.00 ☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE: Virgilio Armenteros VIRGILIO ARMENTEROS-PRESIDENT 08/10/98 305-642-3487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #