

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 24 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065974 (4)

1. Corporation Name

DOUGLAS MEDICAL EVALUATIONS, INC.



100001708381

-02/06/96--01109--023

****200.00 ****200.00

Principal Place of Business

Mailing Address

2000 S. DIXIE HIGHWAY
SUITE 102
MIAMI FL 33133

2000 S. DIXIE HIGHWAY
SUITE 102
MIAMI FL 33133

3. Date Incorporated or Qualified
08/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2000 S. DIXIE HWAY

26 Suite, Apt. #, etc.

22 SUITE # 211A

27 Suite, Apt. #, etc.

23 MIAMI, FL

28 City & State

24 33133 25 USA

29 Zip

Country

25 USA

29 Zip

Country

4. FEI Number

65-0605466

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

10. Name and Address of New Registered Agent

AMARO, M B
2000 S. DIXIE HIGHWAY
SUITE 102
MIAMI FL 33133

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME NIN, MARIA D

STREET ADDRESS 2000 S. DIXIE HIGHWAY SUITE 210 211A

CITY - ST - ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME RODRIGUEZ, MARILYN

STREET ADDRESS 2000 S. DIXIE HIGHWAY SUITE 210 211A

CITY - ST - ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)