SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



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

	1	9	9	6

DOCUMENT # 1. Corporation Name

P95000069405 (5)

<b>APOLIS</b>	MEDICAL	<b>SERVICES</b>	INC.
<b>PAT CALIS</b>	MEDICAL	SERVICES	HINO:

Principal Place	e of Business	Maring Address			i sedindar iru salba dalin bahin dalin dalih dalih	I DELLE INTEL CIUSA FUENT DILLE 1986
7880 WEST 20 AVE #44 HIALEAH FL 33016		7880 WEST 20 AVE #44 HIALEAH FL 33016	7880 WEST 20 AVE #44 HIALEAH FL 33016			
					09/08/1995	Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	0 -6-	26			U5-0613988	Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country		8. This corporation has liability for intangit	ile tax under s. 199 032
24	25		30			M No
<u> </u>	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registere	<b>∉</b> Agent
	AZQUEZ, CARLOS			TACHTIC		
	880 WEST 20 AVE #44		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
} H	IALEAH FL 33016		83			
•						
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above	-named corp	porution submits this statement for the purpose	of changing its registered
	egistered agent, or both, in the State im familiar with, and accept the oblig				thom's board of directors. Thereby and epit the ap-	pointment as registered
SIGNATURE	·					
<b></b>	Signature hypost or product name of registered age	<del></del>		sif signatura raqi	ored when real stating) DASE	US SIDEOTOBO III IO
12. TITLE	<del></del>	ID DIRECTORS DELETE	13.	—— Т	ADDITIONS/CHANGES TO OFFICERS A	T Charge Add bon
NAME	PD Vazquez, Carlos		1.2 NAME			
STREET ADDRESS	7880 WEST 20 AVE #44		1.3 STREET	ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY - S			
TITLE		DELETE	21 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREET	ADDRESS		
CITY-ST-ZIP			2.4 Crty -	ST-ZIP	Construction for the second state of the second	
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME	1		
STREET ADDRESS				RESERVED		
CITY-ST-ZIP TITLE		DELETE	3.4 CHY	S1 - ZiP	AND THE PROPERTY OF THE PROPER	Change Addition
NAME			4 2 NAME			[ ] Sussings [ ] Manager
STREET ADORESS			4 3 STREET	ADDRESS		
CITY-ST-ZIP			44 Cily - 5			
TITLE		DELETE	5 1 TITLE	::		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		•
CHTY-ST-ZIP			5.4 CITY - 5	ST - 7(P		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME	-		
STREET ADDRESS			63 STREE	ADDRESS		
CITY ST ZIP	La contraction de la contracti		64 CITY - S		att. for the appropriate and the control of the con	arth Florida Chattan I
further ce	ertify that the information indicated or	nthis armual report or suppleme	ental annual (	eport is true	ialify for the exemption stated in Section 119 07( and accurate and that my signatury shall have	the same legal effect as if
made un that my n	der oath, that Fam an officer or direct name appears in Blook 12 or Block 13	tor of the corporation or the rece if changed, or on an attachmer	eiver or truste nt with an add	ec empower dress	red to execute this report as required by Chapter	1617, Flonda Statutes, and

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARLESTANT 7-50-16 (305) 822-4784