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FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000072828 (3)

1. Corporation Name

BEACON MEDICAL GROUP, INC.

Principal Place of Business

1479 N.W. 27TH AVENUE
MIAMI FL 33125

Mailing Address

1479 N.W. 27TH AVENUE
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 33135 USA

2a. Mailing Address

26 P.O. BOX 352063
Suite, Apt. #, etc.

27 City & State

28 Miami, Fla

29 33135 30 USA

3. Date Incorporated or Qualified

09/20/1995

4. FEI Number

65-0613296

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MARIA E RAMIREZ
300 SW 82 AVENUE
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

Maria E Ramirez

82 Street Address (P.O. Box Number Not Acceptable)

601 N.W. 128th Place

83 Miami

84 City

Miami

85 Zip Code
FL 33182

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME RAMIREZ, MARIA E
STREET ADDRESS 300 S.W. 82ND AVE.
CITY-ST-ZIP MIAMI FL 33144

TITLE VD ☐ DELETE

NAME RAMIREZ, ANTONIO A
STREET ADDRESS 300 S.W. 82ND AVE.
CITY-ST-ZIP MIAMI FL 33144

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition

1.2 NAME RAMIREZ MARIA E
1.3 STREET ADDRESS 601 N.W. 128th Place
1.4 CITY-ST-ZIP MIAMI, FLA 33182

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I have been or am an officer or director.

SIGNATURE:

Maria E Ramirez

Jan. 23/98 (305) 6222776

CR2E034 (10/97)