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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate ar officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or or an attachment with an address.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 15 1998 8:00am

Secretary of State

nption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in

HIGIGO

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083249 (9)

PANAMERICAN HEALTHCARE CONSULTANTS, INC.

Principal Place of Business Mailing Address **6099 HOLLYWOOD BLVD** 6099 HOLLYWOOD BLVD HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0663135 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 29 X Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KAPILIVSKY, JACOBO Name 6099 HOLLYWOOD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33024 83 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 1.1 TITLE Change Addition KAPILIVSKY, JACOBO NAME 1.2 NAME CR2E034 **6099 HOLLYWOOD BLVD** STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition LOEBL, GABRIEL NAME 2.2 NAME 6099 HOLLYWOOD BLVD STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP VSD DELETE TITLE 3.1 TITLE ☐ Change Addition Addition RECCIO, LOUISE NAME 3.2 NAME **6099 HOLLYWOOD BLVD** STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP **VPD** DELETE TITLE 4.1 TILE Change Addition DAVIS, JAMES NAME 4.2 NAME 6099 HOLLYWOOD BLVD STREET ADDRESS 4.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 4.4 CIY-ST-ZIP DELETE TITLE 5.1 T tΕ Addition NAME 5.2 N ME STREET ADDRESS 5.3 S REET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE TITLE 6.1 Change ☐ Addition NAME 6.2 STREET ADDRESS 6.3 REET ADDRESS