

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  
1996



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

DOCUMENT # P95000086600 (0)  
1. Corporation Name

CAREMED HEALTH SYSTEMS, INC.

96 NOV 14 AM 10:29

SECRETARY OF STATE

TAL [REDACTED]

Principal Place of Business

Mailing Address

200 SOUTH BISCAYNE BLVD.  
SUITE 2410  
MIAMI FL 33131

200 SOUTH BISCAYNE BLVD.  
SUITE 2410  
MIAMI FL 33131

REINSTATEMENT

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a CareMed Health Systems

22 City & State

27 P.O. Box 141966  
28 Coral Gables, FL

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. [REDACTED]

11/09/1995

4. FEI Number

65-0636318

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

10. Name and Address of New Registered Agent

KLOCK, JOSEPH P JR.  
200 SOUTH BISCAYNE BLVD.  
SUITE 4000  
MIAMI FL 33131-2308

81 Name

MARIALENA DIAZ

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

8225 NW 58 STREET

83 Suite

Suite 100

84 City

MIAMI

FL

85 Zip Code

33186

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

MARIALENA DIAZ

11/1/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P

Osvaldo S. Martinez  
200 S. Biscayne Blvd  
Miami, Florida 33131

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

500002006735--8  
-11/18/96--01007--027  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

500002006735--6  
-11/18/96--01007--028  
\*\*\*\*\*375.00 \*\*\*\*\*375.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

[Signature]

Date

Daytime Phone #