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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

Principal Place of Business

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed,

CITY:ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000087921 (9)

MIAMI LIFELINE VASCULAR ACCESS GROUP, INC.

7800 S.W. B7TH AVENUE 7800 S.W. 87TH AVENUE #B-210 MIAMI FL 33173-3570 MIAMI FL 33173 3. Date Incorporated or Qualified 3a. Date of Last Report 01/23/1996 11/16/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For APPLIED FOR Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VERDEJA, JUAN C M.D. 7800 S.W. 87TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) #B-210 **MIAMI FL 33173** 83 84 City 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 Fiorida. 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 Sognalive hypotholipsinted name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change 1.1 TITLE TITLE VERDEJA, JUAN C 1.2 NAME NAME CRZE034 7800 S.W. 87 AVENUE #B210 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** 1.4 CITY-ST-ZIP C-TY - ST - ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE RABAZA, JORGE R NAME 22 NAME 7800 S.W. 87 AVENUE #B210 2.3 STREET ADDRESS STHEET ADDRESS MIAMI FL 33173 2.4 CITY-ST-ZIP CHT-ST-ZIP Addition ☐ DELETE Mange Change TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-20F DELETE Change ■ Addition TITLE 5.1 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIF 5.4 CITY - ST - ZIP Addition DELETE Change 617016 TITLE 6 2 NAME NAME

6.3 STREET ADDRESS

6.4 CiTY - ST - ZIP

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

2 Juan-Carlos Verde, Ta, MID,

14. I do hereby certify that the information supplied will this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the