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Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000005646 (0)

1. Corporation Name
WORLDMED CORP.

Principal Place of Business
W MANELLA-KLAPHOLTZ-HOCHSTEIN, P.A.
2200 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address
W MANELLA-KLAPHOLTZ-HOCHSTEIN, P.A.
2200 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

2. Principal Place of Business
21 2500 Hollywood Blvd.

Suite, Apt. #, etc.

22 Suite 212

City & State

23 Hollywood, Fl.

Zip

24 33020

Country

25 Broward

2a. Mailing Address
26 2500 Hollywood Blvd.

Suite, Apt. #, etc.

27 Suite 212

City & State

28 Hollywood, Fl.

Zip

29 33020

Country

30 Broward

3. Date Incorporated or Qualified
01/17/1996

3a. Date of Last Report

4. FEI Number

Applied For

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

9. Name and Address of Current Registered Agent

MANELLA, ROSS
2200 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

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

2500 Hollywood Blv.

83

Suite 212

84 City

Hollywood,

FL

85 Zip Code
33020

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 as applicable

(NOTE: Registered Agent signature required when reinstating)

ROSS H. MANELLA

4/18/1997

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
FIRESTONE, WAYNE
4338, WESTMONT AVENUE
WESTMONT, QUEBEC, CANADA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
BELMONT, LESLIE A
4338, WESTMONT AVENUE
WESTMONT, QUEBEC, CANADA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 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 changed, or on an attachment with an address.

SIGNATURE

Wayne Firestone

4/20/97

CR2E034 (9/96)