

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012269

1. Corporation Name

RB MEDICAL CONSULT, INC.

Principal Place of Business

8410 NW 53RD TERRACE
STE 112
MIAMI FL 33166

Mailing Address

8410 NW 53RD TERRACE
STE 112
MIAMI FL 33166

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90263 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

65-0644597

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7700 NORTH KENDALL DRIVE

Suite, Apt. #, etc.

22 502

City & State

23 MIAMI, FLORIDA

Zip Country

24 33156

25 USA

2a. Mailing Address

26 7700 NORTH KENDALL DRIVE

Suite, Apt. #, etc.

27 502

City & State

28 MIAMI, FLORIDA

Zip Country

29 33156

30 USA

9. Name and Address of Current Registered Agent

SALINAS, RONALD R
8410 NW 53 TERRACE
#112
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

7700 NORTH KENDALL DRIVE

83 SUITE 502

84 City

MIAMI

FL

85 Zip Code

33156

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)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BALLIER, ROLAND DR.
STREET ADDRESS 8410 NW 53RD TERRACE
CITY-ST-ZIP MIAMI FL 33166

TITLE TD ☐ DELETE

NAME HUBER, BERNARD
STREET ADDRESS 8410 NW 53RD TERRACE
CITY-ST-ZIP MIAMI FL 33166

TITLE SD ☐ DELETE

NAME SALINAS, RONALD R
STREET ADDRESS 8410 NW 53 TERRACE #112
CITY-ST-ZIP MIAMI FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

7700 NORTH KENDALL DRIVE SUITE 502
MIAMI, FLORIDA 33156

☒ Change ☐ Addition

7700 NORTH KENDALL DRIVE SUITE 402
MIAMI, FLORIDA 33156

☒ Change ☐ Addition

7700 NORTH KENDALL DRIVE SUITE 502
MIAMI, FLORIDA 33156

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD R SALINAS, SECRETARY

305/274.2331

Date

Daytime Phone #

CR2E034 (11/98)

0229817