

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90180 047 ***150.00

DOCUMENT # P96000013931

1. Corporation Name

MAXIMUM HEALTH SERVICES, INC.

Principal Place of Business

2541 SW 27TH AVENUE #301
MIAMI FL 33133
US

Mailing Address

2541 S.W. 27TH AVENUE
MIAMI FL 33133
US

2. Principal Place of Business

21 8433 W. OKRACHOBEE RD.

2a. Mailing Address

26 8433 W. OKRACHOBEE RD.

Suite, Apt. #, etc.

22 2ND FLOOR

Suite, Apt. #, etc.

27 2ND FLOOR

City & State

23 HIALEAH GARDENS, FL

City & State

28 HIALEAH GARDENS, FL

Zip

24 33016

Country

25 USA

Zip

29 33016

Country

30 USA

9. Name and Address of Current Registered Agent

FERNANDEZ, IVAN
2541 S.W. 27TH AVENUE #301
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1996

4. FEI Number

65-0643010

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

10. Name and Address of New Registered Agent

81 Name

MARIE LEON-FERNANDEZ

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

8433 W. OKRACHOBEE ROAD

83

2ND FLOOR

84 City

HIALEAH GARDENS

FL

85 Zip Code
33016

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

Marie Leon-Fernandez

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/99

12. OFFICERS AND DIRECTORS

TITLE PVST ☒ DELETE

NAME FERNANDEZ, IVAN
STREET ADDRESS 2541 S.W. 27TH AVE., #301
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☒ DELETE

NAME FERNANDEZ, IVAN
STREET ADDRESS 2541 S.W. 27TH AVE., #301
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PVST ☒ Change ☐ Addition

1.2 NAME MARIE LEON-FERNANDEZ
1.3 STREET ADDRESS 8433 W. OKRACHOBEE ROAD 2ND FLOOR
1.4 CITY-ST-ZIP HIALEAH GARDENS, FL. 33016

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME MARIE LEON-FERNANDEZ
2.3 STREET ADDRESS 8433 W. OKRACHOBEE ROAD 2ND FLOOR
2.4 CITY-ST-ZIP HIALEAH GARDEN, FL 33016

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

IVAN FERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/99

Date

305-787-0033
305-331-2303

Daytime Phone #

CR2E034 (11/98)