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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000015860 (5)

1. Corporation Name
TRUEMED, INC.



Principal Place of Business
3400 CORAL WAY 6TH FLOOR
MIAMI FL 33145-3053

Mailing Address
3400 CORAL WAY 6TH FLOOR
MIAMI FL 33145-3053

3. Date Incorporated or Qualified
02/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, FRANK
3400 CORAL WAY 6TH FLOOR
MIAMI FL 33145-3053

81

Name
DIAZ, AMPARO R.

82

Street Address (P.O. Box Number is Not Acceptable)
3400 CORAL WAY, SUITE 600

83

84

City
MIAMI

FL

85

Zip Code
33145-3053

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Amparo R. Diaz - AMPARO R. DIAZ PRESIDENT. 03-10-97

Signature typed or printed name of registered agent and title (if applicable) (NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME DIAZ, FRANK
STREET ADDRESS 3400 CORAL WAY 6TH FLOOR
CITY-ST-ZIP MIAMI FL 33145-3053

☒ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE PSD
2.2 NAME DIAZ, AMPARO R.
2.3 STREET ADDRESS 3400 CORAL WAY, Suite 600
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33145-3053

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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 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:

Amparo R. Diaz - AMPARO R. DIAZ PRESIDENT.

03-10-97

33145-3053

CR2E034 (9/96)