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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Momnam 🕜

Secretary of State
DIVISION OF CORPORATIONS

DOOLULEUT " DOOL

DOCUMENT # P96000039374 (9)

LORA MEDICAL PUBLISHING ENTERPRISES, INC.

FILED May 19 1997 8:00am Secretary of State



Principal Place of Business 126 EAST 49TH STREET HALEAH FL 33013		Mailing Address 126 EAST 49TH STREET HIALEAH FL 33013-1853			T (OBILBA) IND TRUE BUILL ONLY BOTH ONLY BOTH ONLY OR THE TOTAL THE PLANT OF THE TOTAL OF THE TO		
					3. Date Incorporated or Qualified 05/07/1996	3a. Date of	f Last Report
	lace of Business	2a. Mailing Address			4 FELMumbor	-	Applied For
21		26			65-07021	55/	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	┌┐ \$	8.75 Additional
22		27	··· <u> </u>		5. Certificate of Status Existed		Fee Required
City & State	О	City & State			6. Election Campaign Financing	5	5.00 May Bo
23		28	gr. ng men		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	У	8. This corporation has liability for		
24	25 25 Name and Address of Curr	29	[30]			☐ Yes ☐ No	
LOD	A, JULIO C	eur ueAisreten Wäettr	81	Name	10. Name and Address of New Re	gistered Ager)t
	EAST 49TH STREET		61	Ivanie	•		
	EAH FL 33013		82 Street Add		dress (P.O. Box Numbor is Not Acceptable)		
HIAL	EAN FL 33013		83	<u> </u>			
			63				
			84	City		85	Zip Code
44 64	1. 1		<u>. </u>	1		FLI	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607,1508, Florida Statu ite of Florida: Such change was	iles, the abov authorized b	re-named corp v the corporal	poration submits this statement for the patients beard of directors. I hereby acce	Durpose of chai	nging its registered neut as registered
agent. I a	m familiar with, and accept the obt	igations of Section 607.0505, F	lorida Statute	s.	description of the second seco	pri io appoiim	ione do registereci
SIGNATURE							
12,	Signature typed or printed name of registered a	agest and title it opplicable (NO AND DIRECTORS	III : Registered Ag	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	F61656
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NAME				ĺ		LJ	Change
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	126 EAST 49TH ST.		2.3 STREE	1 ADDRESS			Change Addition
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