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FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000045402 (0)

1. Corporation Name

NATIONSMED MEDICAL GROUP OF PALM BEACH, INC.



Principal Place of Business

Mailing Address

8325 NW 53RD ST
SUITE 100
MIAMI FL 33166
US

P.O. BOX 141966
CORAL GABLES FL 33114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1996

4. FEI Number

65-0682668

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 8125 NW 53 Street

Suite, Apt. #, etc.

22 116

City & State

23 Miami, FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27 City & State

28 City & State

29 City & State

Zip

30 33114-1966

Country

USA

9. Name and Address of Current Registered Agent

DIAZ, MARIALENA
8325 NW 53RD STREET
SUITE 400
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

8125 NW 53 Street

83 Suite 116

84 City
Miami

FL

85 Zip Code
33166

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 D ☐ DELETE

NAME MARTINEZ, OSVALDO

STREET ADDRESS 7950 N.W. 53RD ST., STE. 210

CITY-ST-ZIP MIAMI FL 33166

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8125 NW 53 Street, Suite 116
Miami, FL 33166

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D
Pablo Cejas
420 Lincoln Road, Suite #432
Miami Beach, FL 33139

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D
Julie Neitzel
420 Lincoln Road, Suite #432
Miami Beach, FL 33139

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

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.

SIGNATURE:

OSVALDO MARTINEZ, PRESIDENT

2/25/98

CR2E034 (10/97)