

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

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 # P96000049182 (4)

1. Corporation Name

NATIONSMED MEDICAL GROUP OF BOCA RATON, INC.

Principal Place of Business

8325 N.W. 53 ST
STE. 100
MIAMI FL 33166
US

Mailing Address

P.O. BOX 141866
CORAL GABLES FL 33114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0679885

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 | 2a. Mailing Address |
| 21 8125 NW 53 Street | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 116 | 27 |
| City & State | City & State |
| 23 Miami, FL | 28 |
| Zip | Zip |
| 24 33166 | 29 33114-1966 |
| Country | Country |
| 25 USA | 30 USA |

9. Name and Address of Current Registered Agent

DIAZ, MARILENA
8325 N.W. 53 ST
STE. 100
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 |
| 85 Zip Code |
| FL 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|--|
| TITLE | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, OSVALDO | 1.2 NAME | |
| STREET ADDRESS | 7950 N.W. 53RD ST., STE. 210 | 1.3 STREET ADDRESS | 8125 NW 53 Street, Suite 116 |
| CITY-ST-ZIP | MIAMI FL 33166 | 1.4 CITY-ST-ZIP | Miami, FL 33166 |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | D |
| STREET ADDRESS | | 2.3 STREET ADDRESS | Pablo Cajas |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | 420 Lincoln Road, Suite #432 |
| TITLE | | 3.1 TITLE | Miami Beach, FL 33139 |
| NAME | | 3.2 NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | 3.3 STREET ADDRESS | D |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Julie Neitzel |
| TITLE | | 4.1 TITLE | 420 Lincoln Road, Suite #432 |
| NAME | | 4.2 NAME | Miami Beach, FL 33139 |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)