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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600060097 (8)

MEDICAL & FINANCIAL MANAGEMENT STRATEGIES, INC.

| Principal Place of Busines | ; 5 |
|----------------------------|-----|

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



| 2100 CORAL WAY, SUITE 304 MIAMI FL 33145 | | 2100 CORAL WAY, SUITE 304 MIAMI FL 33145-2657 | | | | | |
|---|--|---|---|--|--|-----------------------------|--|
| | | | | 3. Date Incorporated or Qualified 3a. Date of U 07/15/1996 | | Last Report | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number | J | oplied For | |
| | CORN WOU | 26 1871 CORNU | WAY | 65-0702515 | No. | ot Applicable | |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | , , | Additional equired | |
| City & State | e HUI, FLOLIDA Country | City & State 28 11/11/1/1/19 | ROKIDA | Election Campaign Financing Trust Fund Contribution | | May Be to Fees | |
| Zip 24 3314 | 5 25 DADE | 28 11/11/1 / 4 7ip 29 33/45 | Country 30 DADE | | Yes No | . 199.032, | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Re | gistered Agent | | |
| 2100 | CES-RODRIGUEZ, MARTA N D CORAL WAY, SUITE 3 04 M I FL 9314 5 | | 83 /87/ | Idress (P.O. Box Number is Not Acceptab | | Code | |
| l | | | 84 City //A | 121 | FL S | Code 3745 | |
| 11. Pursuant office or reagent. La | to the provisions of Sections 607.0502 egistered agent or both, in the State of marrillar with and accopt the obligation of the collegation of the | and 607.1508, Florida Statutes f Florida. Such change was au ions of, Section 607.0505, Flor PRES - KOPLIQUE and like if applicable. (NOTE | s, the above-named co ithorized by the corpoi ida Statutes. | orporation submits this statement for the praction's board of directors. I hereby accept | urpose of changing in the appointment as | ls registered registered | |
| Oldivatorie | | | | arred when reassamy, | DAIL | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | PTD~ LUACES-RODRIGUEZ, MARTA N | DELETE | 1.1 DRLE | | ☐ Change | Addition | |
| NAME | 2100 CORAL WAY, SUITE 304 | | 1.2 NAME | | | | |
| STREET ADDRESS | MIAMI FL 33145 | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | VSD VSD | Driete | 1.4 CITY - ST - 7IP | | Change | Addition | |
| TITLE | RODRIGUEZ, JUAN | DELETE | 2.1 TOLE | | шт спалус | | |
| NAME | 2100 CORAL WAY, SUITE 304 | | 2.2 NAME | | | | |
| STREET ADDRESS | MIAMI FL 33145 | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MINMI PL 03145 | DELETE | 2. 4 CITY - ST - ZIP | | Change | Addition | |
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| NAME | | | 3.2 NAME | | | | |
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| NAME | | | 4. 2 NAME | | الهادية لين | | |
| STREET ADDRESS | | | 4.2 NAME 4.3 STREET ADDRESS | | | | |
| l | | | 4.4 CHY-SI-ZIP | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.1 TITLE | | Change | Addition | |
| NAME | | beene Line | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| | | | 54 CITY-ST-ZIP | | | | |
| CITY-ST-ZIP TITLE | | T DELETE | 61 TITLE | | Change | Addition | |
| NAME | | Fig Decert | 62 NAME | | | | |
| 1 | | | 6.3 STREET ADDRESS | | | | |
| STREET ADDRESS | | | | • | | | |
| CITY-ST-ZIP | | 200 | 6.4 CITY-ST-ZIP | 1-di- Cli- 440 07/07/3 Florid- Cont. 1- | | L 41 | |

I do hereby certify that the information supplied with this fiting 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 jupplemental 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 of 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.