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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

### Sandra B. Worthau

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P96000067921 (2)

DOUGLAS GROUP HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

SOME ON STAVE OFF FOR

## **FILED** Jul 21 1997 8:00am Secretary of State



MIAMI FL 33133			MIAMI FL 33133-2744					J	
						3. Date Incorporated or Q 08/15/1996	ualified 3	a. Date of Last	Report
2. Principal F	Place of Business	2a, Mailing A	ddress			4, FFI Number			Applied For
21		26	26			45-04	D045	<b>:3</b>   Th	Vot Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status De		\$8.75	Additional
22		27				5. Cerinicate of Status De	sileu 🗀	Fee f	Required
City & Stat	е	City & Sta	City & State			6. Election Campaign Fina			May Be
23		28	······································			Trust Fund Contribution			d to Fees
Zip	Country	Zip		Country	′	8. This corporation has lia			s. 199.032,
24	25 g. Name and Address of Cu	29	30	J		Florida Statutes  10. Name and Address of		s No	J
	EVEDO, HECTOR L	men registered Age		81	Name	10. Name and Address of	MAN LABIET	arau Agent	<del>-</del>
	5 SW 37 AVE STE 502								
				82	Stroot Add	dress (P.O. Box Number is Not /	Acceptable)		
MIA	MI FL 33133			83			-···-		- <del></del>
•				03					
				84	City			FL 85 Z)p	Code
44 Dureuont	to the provisions of Sections 607	0602 and 607 1609 E	lorida Statutos +	lbo above	named see	rooration cubmits this statement		. —	ite registered
office or r	to the provisions of Sections 607 egistered agent, or both, in the Sim familiar with, and accept the c	State of Florida. Such cobligations of, Section 6	hange was authorida 507.0505, Florida	orized by a Statute:	the corpora 3.	etion's board of directors. I here	by accept the	e appointment a	s registered
SIGNATURE	Signature, typed or printed name of registere	od agont and title if applicable.	(NOTE Re	gistered Age	ent signature requ	urred when reinstating)	D/	ATE	
12.	OFFICERS	AND DIRECTORS		13.	·· · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES 1	O OFFICERS		
TITLE	D		DELETE	1.1 TITLE				☐ Change	Addition
NAME	ALARCON, EDUARDO J			1.2 NAME					
STREET ADDRESS	2845 SW 37 AVE STE 502			1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133			1.4 CITY - S	1 - 212				
TITLE		<u></u>	DELETE	21 TITLE	ļ			☐ Change	Addition
NAME				2.2 NAME	İ				
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP				2.4 CITY-	51 - ZIP				
TITLE		L	DELETE	3.1 TITLE	-			Change	Addition
NAME			ľ	3.2 NAME					
STREET ADDRESS				33 STREET	ADDRESS				
CITY-ST-ZIP			Total est	3 4. CHY-	ST - 7IP				
TITLE		L.	DELETE	4.1 TITLE	-			- Viene	
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TITLE		L	DELETÉ	5 1 TITLE				☐ Change	Addition
NAME				5.2 NAME					
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CITY-ST-ZIP				5.4 City - S	T-ZIP				
TETLE			DELETE	6.1 TITLE				☐ Change	Addition
NAME			f	6.2 NAME					
STREET ADDRESS				6.3 STREFT	ADDRESS				
CITY - ST - ZIP			j	64 C(1Y-S	1 - 21P				

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 trusted 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.

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FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Marthad ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P96000067921 (2) DOUGLAS GROUP HEALTH SERVICES, INC. Principal Place of Business Mailing Address 2645 SW 37 AVE STE 502 2645 SW 37 AVE STE 502 MIAMI FL 33133 MIAMI FL 33133-2744 3. Date Incorporated or Qualified 3a. Date of Last Report 08/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 45 -060as Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zφ Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 QUEVEDO, HECTOR L Name 2645 SW 37 AVE STE 502 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33133** 83 R4 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE flugistered Agent's gnature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DECETE 1.1 TITLE Change Addition TITLE ALARCON, EDUARDO J NAME 1.2 NAME **CR2E034** 2845 SW 37 AVE STE 502 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY- \$1-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREE | ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP \_\_\_ Addition DELETE Change TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIF DELFTE TITLE 4.1 TOTE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-S1-7IP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHY - S1 - ZIP DELETE Change Addition TITLE 6111111 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CiTY - S1 - ZIP CITY-ST-ZIP

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