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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073243 (3)

RAMI MEDICAL CLINIC INC.

Principal Frace of Business

FILED Mar 05 1997 8:00am Secretary of State

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1830 NW 7TH ST., STE. 208 MIAMI FL 33025		1830 NW 7TH ST., STE, 208 MIAMI FL 33125-3569					
					3. Date Incorporated or Qualified 09/04/1996	3a. Date of Last	: Report
2. Principal Pi	ace of Business	2a. Mailing Address 26			4. FEI Number 65-06 93 845	<b>├</b> ─- <b>+</b>	Applied For Not Applicable
Suite Apt	# este:	Suite Apt #, etc.			5. Certificate of Status Desired		Additional Required
City & State 23	a	City & State			Election Campaign Financing     Trust Fund Contribution		O May Be
Ζφ <b>24</b>	Country 25	Ζφ <b>29</b>	<b>30</b>	try	8. This corporation has liability for i	ntangible tax under ¶Yes □ No	rs. 199.032,
	g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	pistered Agent	
	IREZ, CARMEN A		[1	31 Name			
	)2 SW 119 CT. JN FL 33177		1	32 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
n-um	WITE 03177		Ī	33			
			Ī	34 City		FL 85 Z	p Code
11. Pursuant office or ragent La	eg flyred agent or solls, in the St in tank ar with, and assisting the dr ( ) Own x	ate of Florida. Such change was Sigations of, Section 607,0505, F Lawrey	authorized Iorida Statu	by the corporates.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing it the appointment	as registered as registered
				Agont signature requ	uired when reinstating)	D/IE	
12.	OFFICIAS.	NO DIRECTORS	13.	<u></u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
THUE	RAMIREZ, CARMEN A	L_I MILLI	1.1 TITL	Ì		L. Criany	a First Modillion
NAME 5 REFLADORES	19702 SW 119 CT.		1.2 NAM				
	MIAMI FL 33177			EET ADDRESS			
CHY-SI ZIP		DELETE	2.1 TITL	r-ST-ZIP		Change	e Addition
NAM!		C. Verest	2 2 NAM				
STELL LADUEUR				EET ADDRESS			
Chix 31 36				Y-\$1-ZIP			
1061		DELETE	3.1 1/11			☐ Chang	e 🔲 Addition
NAMI			3.2 NAI	AE I		·	
STREET ADORESS			3.3 STR	EET ADDRESS			
CHV-SI-7P			3 4 CIT	Y-ST-ZIF			
T [] T		DELETE	4.1 TrTL	E		Chang	e Addition
NAMi			4 2 NA	ME			
STREET ADDRESS			43 STR	EET ADDRESS			
CUY-51-20			4.4 CII	(-ST-ZIP			
Tille		DELETE	5 1 TiTL	F		Chang	e Addition
NAMi			5.2 NAM	AE .			
STERE CALMERS			5 3 STH	EET ADDRESS			
0/1+51-2IF			5.4 CIP	(-ST-ZIP			
1018	,	DELETE	6 1 TITL	F		Chang	e Addition
N4M8			62 NA	Æ .			
STREET ADDRESS			6 3 STR	EET ADDRESS			
€-11-51-2iP			6.4 CIT	r-ST-ZIP			
<b>14.</b> Ldo bero:	over certify from the informedizar Surar	died with this filing does not qua			ed in Section 119.07(3)(i). Florida Statute:	s. I further certify th	at the

a connect by density that the anternation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this armudatepoint 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 Statules; and that my name appears in Block 12 or Brook 13 if the Payor, does an attachment with an address.

SIGNATURE:

E AND TYPETS OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97 305-691-0800 Date Datemp Proper