Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90026 020 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075826

1. Corporation Name

LAM FINANCIAL HEALTHCARE, INC.

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Principal Place	e of Business	Mailing Address		L SEASSEN IIA IAISM ASSII AANIE BARRI AA	isti detti inder kiidi inin isaan nii etti inni
18720 NW 48TH PLACE MIAMI FL 33055 US		18720 NW 48TH PLACE MIAMI FL 33055 US		DO NOT WRITE!	N THIS SPACE
				3. Date Incorporated or Qualifed 09/11/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0704214	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	material de la company de la c	27 City 8 State		Fig. 6	
City & State	. .	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28	Country	8. This corporation owes the current	
Zip		29 3	¬ •	Personal Property Tax.	Yes No
24	9. Name and Address of Current	1		10. Name and Address of New Regi	stered Agent
_	J. Hallie alla Alastosa di Califolia	<u></u>	81 Name	· m	
KTG&S REGISTERED AGENT CORPORATION			<u> </u>	udel Mardeo Hi	\
100 \$	SE 2ND ST		82 Street Add	ess (P.O. Box Number it Not Acceptable	Place
28TH FLOOR		83	0.100 100 18	7,40	
I	/II FL 33131				7
			84 City C	Mami	FL 85 Zip Code 3 3 055
office or re	anistared agent of both im the State A	t Florida. Such change was aut	norized by the comoratio	oration submits this statement for the pur on's board of directors. I hereby accept th	pose of changing its registered e appointment as registered
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.		11/ 100
SIGNATURE	Want MI	mes 2			7/12/99
	Signature typed or printed name of registered agent	and tribe idapplicable (NOTE: R	tegisterød Agent signature require		DATE 12/4 9 EDS AND DIRECTORS IN 12
12.	Signature dyped or printed name of registered sperm	and title inapplicable (NOTE: R	tegisterød Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	
12.	Signatur Sped or print® name of registered about OFFICERS AND	and tribe idapplicable (NOTE: R	tegisterød Agent signature requirer 13. 1.1 TITLE		
12. TITLE NAME	Signature Speed or printed name of registered goods OFFICERS AND DP MONGEOTTI, ANGEL	and title inapplicable (NOTE: R	tegistered Agent signature required 13. 1.1 TITLE 1.2 NAME		
12. TITLE NAME STREET ADDRESS	Signature Sped or print® name of registered goods OFFICERS AND DP MONGEOTTI, ANGEL 18720 NW 48TH ST	and title inapplicable (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Sped or printed name of registered spelfin OFFICERS AND DP MONGEOTTI, ANGEL 18720 NW 48TH ST MIAMI FL 33055	and title into perceive (NOTE: R) D DIRECTORS	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature Sped or printed name of registered spelfin OFFICERS AND OFFICERS AND DP MONGEOTTI, ANGEL 18720 NW 48TH ST MIAMI FL 33055	and title inapplicable (NOTE: R	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP