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FILED  
Jun 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085859 (2)

1. Corporation Name

CATHGUIDE CORPORATION

Principal Place of Business

4808 SW 74TH AVE  
MIAMI FL 33155  
US

Mailing Address

4808 SW 74TH AVE  
MIAMI FL 33155  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1996

4. FEI Number

65-0708581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RAYMOND, MARK F ESQ.  
201 S. BISCAYNE BLVD.  
SUITE 2600  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

FRANK J. AVELLANET

82 Street Address (P.O. Box Number is Not Acceptable)

4608 SW 74 AVENUE

83

84 City

MIAMI

FL

85

Zip Code

33155

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

*Frank J. Avellanet*  
Signature type: (For printed name, see instructions.) Agent and title applicable.

FRANK J. AVELLANET

5/26/98

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C  
NAME KIRWAN AVELLANET, ARLENE  
STREET ADDRESS 34 LYONS PLAINS RD  
CITY-ST-ZIP WESTPORT CT

TITLE ☐ DELETE

PCEO  
NAME AVELLANET, FRANK J  
STREET ADDRESS 1261 VENETIA AVE  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

D  
NAME MARQUEZ, JOSE L M.D.  
STREET ADDRESS 1547 ALEGRIANO  
CITY-ST-ZIP CORAL GABLES FL 33140

TITLE ☒ DELETE

D  
NAME KALLMAN, BRANDON M.D.  
STREET ADDRESS 5005 COLLINS AVE., SUITE 1508  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

*Frank J. Avellanet* President (FRANK J. AVELLANET 5/1/98

CR2E034 (10/97)