

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000089445 (6)

1. Corporation Name

TAMLAGE ENTERPRISES INC.

Principal Place of Business

6450 SW 83RD AVE  
MIAMI FL 33174

Mailing Address

6450 SW 83RD AVE  
MIAMI FL 33173-2361

FILED

97 JUL 11 AM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified 10/28/1996 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 05-0715325		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

GARCIA, LOUIS D  
3600 MW 82ND AVE  
MIAMI FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LAGO, BENITO R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13985 SW 20 ST	1.2 NAME	
STREET ADDRESS	MIAMI FL 33175	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D TAMAYO, RAUL A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6450 SW 83RD AVE	2.2 NAME	
STREET ADDRESS	MIAMI FL 33174	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 amendment with an address.

SIGNATURE: BENITO R. LAGO 3/19/97 (305) 2657517

CR2E034 (9/96)



*Medical Health of Miami, Inc.*

(2)

5200 S.W. 8th Street, Suite 202-B • Miami, Florida 33134  
Phone: (305) 445-9351 | Fax: (305) 445-4340

JULY 07, 1997

Florida Department of State  
Division of Corporations  
P.O BOX 6327  
Tallahassee, Florida 32314

RE: TAMLAGE ENTERPRISES INC  
REF NR.: P 96000089445

Sirs:

Enclosed please find the document for the corporation completed with the FEI number as you requested in your letter dated March 26, 1997.

We received this letter on July because an it has been unintencionally misplaced.  
For next correspondence please note our new address:

TAMLAGE ENTERPREISES INC.  
8100 WEST FLAGLER STREET, SUITE 202  
MIAMI, FL 33144

Sincerely,

RAUL A. TAMAYO, M.D.

RAT/pg