

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P9600 0091604

1. Corporation Name
DORAL PEDIATRICS AT AND MEDICAL MANAGEMENT
SERVICES INC.

Principal Place of Business 7900 NW 27 Ave MIAMI, FL. 33147	Mailing Address 14243 SW 53 St. MIAMI, FL. 33175
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 650 SW 12 Ave. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL. 24 Zip 33130 25 Country USA		2a. Mailing Address 26 650 SW 12 Ave Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL. 29 Zip 33130 30 Country USA		3. Date Incorporated or Qualified	
4. FEI Number 65-0705444		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

AMERILAWXER CHARTERED
343 Alameda Ave.
Coral Gables, FL. 33134

10. Name and Address of New Registered Agent

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

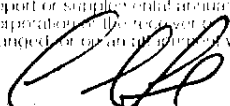
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PID	1.1 TITLE	☐ Change ☐ Addition
NAME	DE DIEGO, JORGE A	1.2 NAME	
STREET ADDRESS	14243 SW 53 St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33175	1.4 CITY-ST-ZIP	
TITLE	UTD	2.1 TITLE	☐ Change ☐ Addition
NAME	DE DIEGO, ANA	2.2 NAME	
STREET ADDRESS	14243 SW 53 St.	2.3 STREET ADDRESS	SIT CARLOS GARCIA
CITY-ST-ZIP	MIAMI, FL. 33175	2.4 CITY-ST-ZIP	650 SW 12 Ave MIAMI, FL. 33130
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	VALDES-DIAL NATALHA	3.2 NAME	
STREET ADDRESS	14243 SW 53 St.	3.3 STREET ADDRESS	VP ANTONIO PEREZ
CITY-ST-ZIP	MIAMI, FL. 33175	3.4 CITY-ST-ZIP	650 SW 12 Ave MIAMI, FL. 33130
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 successor 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; and that the person or persons 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 for an appointment with an address.

SIGNATURE:


CARLOS GARCIA
SECRETARY-TREASURER

4/30/98

Daytime Phone #

CR2E034 (10/97)