

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 26 1998 8:00am
Secretary of State

DOCUMENT # **P97000012390 (5)**

1. Corporation Name

R.C.M. MEDICAL SERVICES, INC.

Principal Place of Business

**8755 N.W. 109TH TERRACE
HIALEAH GARDEN FL 33016**

Mailing Address

**8755 N.W. 109TH TERRACE
HIALEAH GARDEN FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

65-0731155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 1570 West 43 Place St.

Suite, Apt. #, etc.

22 25

City & State

23 HIALEAH FLORIDA

Zip

24 33012

Country

25 U.S.A

2a. Mailing Address

26 1570 West 43 Place St.

Suite, Apt. #, etc.

27 25

City & State

28 HIALEAH FLORIDA

Zip

29 33012

Country

30 U.S.A

9. Name and Address of Current Registered Agent

**DUARTE, RAMON A
8755 N.W. 109TH AVENUE
HIALEAH GARDENS FL 33016**

10. Name and Address of New Registered Agent

81 Name

DUARTE, RAMON A

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

1570 West 43 Pl.

83

Suite # 25

84 City

HIALEAH

FL

85 Zip Code

33012

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 **Ramon A. Duarte President**

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

(NOTE: Registered Agent Signature required when reinstating)

7/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **DUARTE, RAMON A**
STREET ADDRESS **8755 N.W. 109TH TERRACE**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE **VD** ☒ DELETE

NAME **DUARTE, CRLOS M**
STREET ADDRESS **8755 N.W. 109TH TERRACE**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE **STD** ☒ DELETE

NAME **CASTRO, MAGALY**
STREET ADDRESS **8755 N.W. 109TH TERRACE**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition

1.2 NAME **DUARTE, RAMON A.**
1.3 STREET ADDRESS **1570 West 43 Pl. Suite 25**
1.4 CITY-ST-ZIP **HIALEAH, FL. 33012**

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:

Ramon A. Duarte President

7/29/98

CR2E034 (5/98)

731155 JT 00 0000 9726 6501
R12399

07953-564-01197-7 15606 261



Department of the Treasury
Internal Revenue Service
ATLANTA, GA 39901

Date of this notice:
Taxpayer Identifying Number
Form:

JULY 7, 1997
65-0731155
Tax Period:



R C M MEDICAL SERVICES INC
1570 WEST 43 F 25
HIALEAH FL 33012-7646701

For assistance you may
call us at:

1-800-829-1040

Or you may write to us at
the address shown at the
left. If you write, be
sure to attach the bottom
part of this notice.

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF
DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING MAR. 1, 1997, SUBJECT TO
VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF
TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF
THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION
WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING
PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS
THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR
ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE
WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS
TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO
HELP YOU; HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR
WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT
TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE
BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

Make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on
phone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev.8-91)

Turn this part to us with your check or inquiry

Your telephone number

Best time to call

50731155 JT 00 0000

