

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 # **P97000012496 (0)**

1. Corporation Name
FLEX MEDICAL SERVICES, INC.

Principal Place of Business
**2075 SW 27TH AVE.
MIAMI FL 33145**

Mailing Address
**XXXXXX XXXX
XXXXXX XXXX**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/07/1997

2. Principal Place of Business

2a. Mailing Address

21

26

1005 S.W. 87TH AVE.

4. FEI Number
65-0732007

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State
MIAMI, FL.

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

23
Zip Country

28
Zip Country
33174-3208 MIAMI DADE

8. 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

10. Name and Address of New Registered Agent

**FLEITES, JUAN A
2075 SW 27TH AVE.
MIAMI FL 33145**

81 Name

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

83

84 City

FL

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 **DP** ☐ DELETE
NAME **FLEITES, JUAN A**
STREET ADDRESS **2075 SW 27TH AVE.**
CITY-ST-ZIP **MIAMI FL 33145**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DST** ☐ DELETE
NAME **FLEITES, MARIA A**
STREET ADDRESS **2075 SW 27TH AVE.**
CITY-ST-ZIP **MIAMI FL 33145**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

PRESIDENT 7/8/98 305-856-6561

CR2E034 (5/98)

(2)

JULY 8, 1998

DEPARTMENT OF STATE
TALLAHASSEE, FL. 32314

RE: FLEX MEDICAL SERVICES, INC.
DOC. # P97000012496 (0)

DEAR SIRs:

ENCLOSED YOU WILL FIND MY CHECK # 959 FOR THE AMOUNT OF
\$150.00 IN PAYMENT OF CORPORATION ANNUAL REPORT.


FOR YOUR INFORMATION I DIDN'T RECEIVE THE 1ST NOTICE. I
CALLED THE DEPARTMENT OF STATE AND TALKED TO AN OFFICER,
WHO INSTRUCTED ME TO SEND THE \$150.00 ALONG WITH A LETTER
OF EXPLANATION.

THANK YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,

Juan A. Fleites
DR. JUAN A. FLEITES
FLEX MEDICAL SERVICES, INC.
1005 S.W. 87TH AVE.
MIAMI, FL. 33174

FLEX MEDICAL SERVICES, INC.
JUAN A. FLEITES, M.D.
2075 SW 27TH AVE.
MIAMI, FL 33145

Department of State
PAY TO THE ORDER OF *One hundred & fifty 00/100*
 City National Bank
875 LE JUNE ROAD
CORAL GABLES, FLORIDA 33134
FOR *Doc # P97000012496*

DATE *7.8.98*

\$ *150.00*
DOLLARS

959