AMOUNT DU	TICE: CORPORATION WILL E'ON OR BEFORE 09/30/98: \$550 (I	BE DISSOLVED ON OR AFTER IF DISSOLVED, MINIMUM AMOUNT DUE	TO REINSTATE: \$760).	^{в.} ŀ	ILED	
			FLORIDA DEPARTMENT OF STATE		Aug 26 1998 8:00an	
ANNUAL REPORT		Secreta	Secretary of State		Secretary of State	
			CORPORATIONS			
1. Corporation	Name F3700	00012496 (0)				
FLEX ME	Edical Services, Inc.			A 180/1861 178 18101 18867 88607 886	II BAILI BAIRT LIBIR IIRII BIBIR FALIA AIII SAAI	
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Principal Place of Business 2075 SW 27TH AVE. MIAMI FL 33145		Mailing Address	-			
		MIXIN XX XXXXX X			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 02/07/1997		
- ·	lace of Business	2a. Mailing Address			Applied For	
Suite, Apt. #, etc.		26 1005 5.W. Suite, Apt. #, etc.			8.75 Additional	
City & State	e	27 City & State		5. Certificate of Status Desired 6. Election Campaign Financing	Fee Required	
]		28 MIAMI, FL	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	25	Zip 29 33174-3208	Country 30 MIAMI DADE	8. This corporation owes or has p Personal Property Tax due Jun		
E) E(9. Name and Address of Co TES, JUAN A	urrent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
	SW 27TH AVE.			ress (P.O. Box Number is Not Accepta	ble)	
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MIAN	AI FL 33145		83			
MIAN	AI FL 33145		83 84 City			
;		DED2 and 607 1500 Elorido Statuto	84 City	votion py with this statement for the av	FL 85 Zip Code	
1. Pursuant office or i agent. I a	t to the provisions of sections 607	0502 and 607.1508, Florida Statute State of Florida. Such change was a obligations of, section 607.0505, Flo	84 City as, the above-named corporation	pration submits this statement for the pu ion's board of directors. I hereby accep	roose of changing its registered	
1. Pursuant office or agent. I a IGNATURE	t to the provisions of sections 607 registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of registere	State of Florida. Such change was a obligations of, section 607.0505, Flo ed agent and title If applicable. (NC	84 City as, the above-named corporation orida Statutes. DTE: Registered Agent elgneture req	ion's board of directors. I hereby accep	The appointment as registered	
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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,

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

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	and the second			
	FLEX MEDICAL SERVICES, INC.			
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