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FILED

May 01 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 # P97000020356 (6)

1. Corporation Name
CAREMED MEDICAL SERVICES, INC.



Principal Place of Business

Mailing Address

**8325 NW 53 STREET
SUITE 100
MIAMI FL 33166**

**8325 NW 53 STREET
SUITE 100
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 8125 NW 53 Street

26 P.O. Box 141966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 116

27

City & State

City & State

23 Miami, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33166

25 USA

29 33114-1966

30 USA

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

65-0733558

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAZ, MARIALENA
8325 NW 53 STREET
SUITE 100
MIAMI FL 33166**

81 Name

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

8125 NW 53 Street

83

Suite 116

84

**City
Miami**

FL

85 Zip Code
33166

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** ☒ DELETE

NAME **CEJAS, PAUL L**
STREET ADDRESS **200 S BISCAYNE BLVD, STE 2410**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ DELETE

NAME **CEJAS, PABLO L**
STREET ADDRESS **200 S BISCAYNE BLVD, STE 2410**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ DELETE

NAME **MARTINEZ, OSVALDO S**
STREET ADDRESS **8325 NW 53 ST, STE 100**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Julie Neltzel**
1.3 STREET ADDRESS **420 Lincoln Road, Suite #432**
1.4 CITY-ST-ZIP **Miami Beach, FL 33139**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **420 Lincoln Road, Suite 432**
2.4 CITY-ST-ZIP **Miami Beach, FL 33139**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **8125 NW 53 Street, Suite 100**
3.4 CITY-ST-ZIP **Miami, FL 33166**

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:

OSVALDO MARTINEZ, PRESIDENT 2/25/98

CR2E034 (10/97)