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FILED
May 13 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 # P97000025055 (9)

1. Corporation Name
C & C MEDICAL SERVICES, CORP.

Principal Place of Business	Mailing Address
890 SW 87TH AVE., #14 MIAMI FL 33174	890 SW 87TH AVE., #14 MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 398 E. 33 St.	2a. Mailing Address 26 398 E. 33 St.
Suite, Apt. #, etc. 22 #201	Suite, Apt. #, etc. 27 #201
City & State 23 HIALEAH FL.	City & State 28 HIALEAH, FL.
Zip / Country 24 33010 / 25 DADE	Zip / Country 29 33010 / 30 DADE

3. Date Incorporated or Qualified
03/20/1997

4. FEI Number
65-0741089
☐ 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

GUILARTE, CARIDAD
890 SW 87TH AVE., #14
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name: GUILARTE, CARIDAD
82 Street Address (P.O. Box Number is Not Acceptable): 398 E 33 St. #201
83: HIALEAH
84 City: HIALEAH **FL** 85 Zip Code: 33010

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: Caridad Guilarte CARIDAD GUILARTE 4/14/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	GUILARTE, CARIDAD		1.2 NAME	
STREET ADDRESS	890 SW 87TH AVE., #14		1.3 STREET ADDRESS	398 E. 33 St #201
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY-ST-ZIP	HIALEAH, FL. 33010
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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 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: Caridad Guilarte (CARIDAD) GUILARTE 4/14/98

CR2E034 (10/97)