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FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000056463 (7)

1. Corporation Name

MAVIC MEDICAL SERVICES CORP.



Principal Place of Business

Mailing Address

291 NW 46 AVENUE
MIAMI FL 33126

291 NW 46 AVENUE
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

2. Principal Place of Business

2a. Mailing Address

21 6981 SW 9 ST

26 6981 SW 9 ST

4. FEI Number

65-0764075

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

RAMALLO, VICTOR A
291 NW 46 AVENUE
MIAMI FL 33126

81 Name

VICTOR RAMALLO

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

6981 SW 9 ST

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33023

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, to 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

Victor A. Ramallo

3/26/98

Signature of officer or principal 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 RAMALLO, VICTOR A
STREET ADDRESS 291 NW 46 AVENUE
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME VICTOR RAMALLO
1.3 STREET ADDRESS 6981 SW 9 ST
1.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33026

TITLE D ☐ DELETE
NAME RAMALLO, MAIDA R
STREET ADDRESS 291 NW 46 AVENUE
CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME MAIDA RAMALLO
2.3 STREET ADDRESS 6981 SW 9 ST
2.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33023

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:

Victor A. Ramallo

3/26/98

(305) 448-5490

CR2E034 (10/97)