

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham +<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000084051 (6)

1. Corporation Name

TRADITION MEDICAL SERVICES, INC.

Principal Place of Business

801 BRICKELL AVE., STE. 1901  
C/O SPENCER AND KLEIN, P.A.  
MIAMI FL 33131

Mailing Address

801 BRICKELL AVE., STE. 1901  
C/O SPENCER AND KLEIN, P.A.  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

65-0796347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 910 SE 17TH ST.

Suite, Apt. #, etc.

22 FIRST FLOOR

City & State

23 FT. LAUDERDALE, FLA

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 910 SE 17TH ST

Suite, Apt. #, etc.

27 FIRST FLOOR

City & State

28 FT. LAUDERDALE, FLORIDA

Zip

29 33316

Country

30 USA

9. Name and Address of Current Registered Agent

KLEIN, BRENT D  
801 BRICKELL AVE., STE. 1901  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D VALVERDE, FERNANDO J  
STREET ADDRESS 801 BRICKELL AVE., STE. 1901  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME D VALVERDE, RENE  
STREET ADDRESS 801 BRICKELL AVE., STE. 1901  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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: *[Signature]*

4/23/98

954-767-5600

CR2E034 (10/97)