Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90270 046 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700084051

1. Corporation Name

TRADITION MEDICAL SERVICES, INC.

Principal Place	e of Business	Mailing Address	 3			- I (RAUSHOL SIO IDIS) INDIA HOUS BOIST OF		I MILMA HAMA EMMA
910 S.E. 17TH	STOFFT	910 S.E. 17TH S	TREET					
1ST FLOOR	other	1ST FLOOR						
FT. LAUDERDAL	LE FL 33316	ft. Lauderdali	FL 33316			DO NOT WRITE I	N THIS SPACE	
บร	*	US				3. Date Incorporated or Qualifed		
						09/26/1997		
2. Principal Pl	face of Business	2a. Mailing Add	ress			4. FEI Number		oplied For
21	· · · · · · · · · · · · · · · · · · ·	26				65-0796347		ot Applicable
_ Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27						equired
City & State	e .	City & State	,			6. Election Campaign Financing	1	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	_	Country		8. This corporation owes the current		- Thus
24	25	29]3	0		Personal Property Tax.	□Yes	□No
	9. Name and Address of Curre	ent Registered Agent		——————————————————————————————————————		10. Name and Address of New Regi	stered Agent	
,, E	N OPENT D			81	Name			ì
	N, BRENT D		•	82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	BRICKELL AVE., STE. 1901							
MIAN	WI FL 33131			83				
1	<u>.</u>			84	City		85 Zip	Code
					·		FL	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Flor	ida Statutes	, the above	-named c	orporation submits this statement for the purp	pose of changing its	registered
office or re	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such char nations of Section 607	nge was auti .0505. Florid	norized by t la Statutes.	tne corpor	ation's board of directors. I hereby accept th	e appointment as re	gistered
•	in isinina wai, and accept the oblig	ganono o., coone co.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
SIGNATURE	Signature, typed or printed name of registered as							\
	Signature, types or printed norms or registores of	gent and title if applicable.	(NOTE: R	tegistered Agent	t signature rec		DATE	
12.		AND DIRECTORS	(NOTE: R	tegistered Agent	t signature rec	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		
12.		ND DIRECTORS	(NOTE: R		t signature rec			ORS IN 12
	OFFICERS A	ND DIRECTORS		13.	t signature rec		ERS AND DIRECTO	
TITLE NAME	OFFICERS A D VALVERDE, FERNANDO J	ND DIRECTORS		13. 11 TITLE			ERS AND DIRECTO	
TITLE NAME STREET ADDRESS	OFFICERS A D VALVERDE, FERNANDO J 801 BRICKELL AVE., STE. 19	ND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		ERS AND DIRECTO	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP