## E MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **P97000086498**1. Corporation Name

ACUTE CARE MEDICAL SERVICES OF SOUTH FLORIDA, IN

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90042 018 \*\*\*150.00



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Principal Plac	e of Business	Já!	Mailing Address				1			IDIN TINI OITI		
7700 NORTH KENDALL DRIVE 7700 NORTH KENDALL DRIVE												
SUITE 405 SUITE 405								·				
MIAMI FL 33156 MIAMI FL 33156					,			DO NOT WRITE IN THIS SPACE				
								Date Incorporated or Qualifed 10/01/1997		1		
2. Principal P	lace of Business	·* :	2a. Mailing Address				4.	FEI Number			oplied For	
21			26			_ :	69-0797256			ot Applicable		
Şuite, Apt. #, etc.			Suite, Apt. #, etc.			5.	Certifcate of Status Desired		\$8.75 Fee R	Additional		
22			27 Cit. 8 Cit.				-					
City & State			City & State				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip Country			Zip Country						ent vear Inte		10.000	
24 25			29 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					
24	9. Name and Address of Cur			1			10.	. Name and Address of New R	egistered A	Agent		
		7	voi .	8	1	Name						
	MAN, LORN	<b>4</b> 4.		8	2	Street Address	se (F	P.O. Box Number is Not Accepta	hle)			
	O NORTH KENDALL DRIVE	٠,		ا	-	Ollect Addies	35 (i	Charles Starts .	a e <u>ngana</u>	terra interior	e ducking page	
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MIA	MI FL 33156	. 21		8	4	City			7 2 1 2 3 A 1 4 4	85 Zip	Code	
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office or i	to the provisions of Sections 607 registered agent, or both, in the Stam familiar with, and accept the ob	ate of Fig	orida. Such change was at	uthorized b	ov t	-named corpor he corporation	ratio	on submits this statement for the oard of directors. I hereby accep	t the appoir	changing is	egistered	
CIONTITOTIE	Signature, typed or printed name of registered				yent	signature required v		reinstating)	DATE	D DIDEOT	DDC IN 42	
_12.	OFFICERS	AND DI		13.	_	1	.,	ADDITIONS/CHANGES TO OF	-ICERS AN	Change	Addition	
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STREET ADDRESS						ADDRESS						
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NAME	AAAA OW AA TERRACE					ADDRESS		1	•			
STREET ADDRESS	MIAMI FL 33156			2.4 CITY								
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STREET ADDRESS				3.3 STRE	£Τ	ADDRESS				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a in a laterage	
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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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR