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FILED  
Apr 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000090163 (1)  
1. Corporation Name  
STAT MEDICAL CLINIC VI, INC.



Principal Place of Business Mailing Address  
12302 NE 6 AVE 12302 NE 6 AVE  
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified  
10/20/1997  
4. FEI Number  
65-0790923  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
7. 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

EMO CORPORATE SERVICES, INC.  
100 NORTHEAST THIRD AVENUE SUITE 1100  
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name ANDRE STACHEWITSCH  
82 Street Address (P.O. Box Number is Not Acceptable)  
12302 NE 6TH AVE  
83  
84 City NORTH MIAMI FL 85 Zip Code 33161

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	STACHEWITSCH, MARC	12302 NE 6 AVE	NORTH MIAMI FL 33161	<input type="checkbox"/>
D	STACHEWITSCH, ANDRE	12302 NE 6 AVE	NORTH MIAMI FL 33161	<input type="checkbox"/>
D	STACHEWITSCH, MONIQUE	12302 NE 6 AVE	NORTH MIAMI FL 33161	<input type="checkbox"/>
D	STACHEWITSCH, MONA	12302 NE 6 AVE	NORTH MIAMI FL 33161	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
	FRIEDEMUND DON	12302 NE 6 AVE	NORTH MIAMI FL 33161	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 a copy of the report.

SIGNATURE:

ANDRE STACHEWITSCH 3/25/98 305-893-7688

CR2E034 (10/97)