

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

FILED  
Jun 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra R. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000095434 (1)

1. Corporation Name

~~AMERICAN MEDICAL DISCOUNT, INC.~~

American Med-CARD, Inc. 3-20-98

Principal Place of Business

18310 N.W. 68TH AVENUE, #5H  
HIALEAH FL 33015

Mailing Address

18310 N.W. 68TH AVENUE, #5H  
HIALEAH FL 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 290 NW 165th St.		26 290 NW 165 St		11/06/1997	
22 Suite, Apt. #, etc. M-100		27 Ste M-100.		4. FEI Number 65-0793711	
23 City & State M. Miami Beach FL		28 City & State M. Miami Beach.		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
24 Zip 33169		29 Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country DADE		30 Country DADE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

PADILLA, SEGUNDO R  
18310 N.W. 68TH AVENUE, #5H  
HIALEAH FL 33015

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 Segundo R Padilla

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

President.

6/28/98.

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	PADILLA, SEGUNDO R	
STREET ADDRESS	18310 N.W. 68TH AVENUE, #5H	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	DELETE
NAME	JAMIESON, CARLOS	
STREET ADDRESS	17700 N.W. 67TH AVENUE, #106	
CITY-ST-ZIP	MIAMI FL 33015	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Josephine Campbell	
1.3 STREET ADDRESS	21485 NW Miami Court	
1.4 CITY-ST-ZIP	Miami, FL 33169	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

000002501218  
-06/16/98- 01088-043  
\*\*\*150.00

CR2E034 (10/97)

6/1/98 (205) 945-6074