


FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90039 014 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000095434

1. Corporation Name

AMERICAN MED-CARD, INC.

Principal Place of Business

 290 N.W. 165TH CT.
 M-100
 NORTH MIAMI BEACH FL 33169

Mailing Address

 290 N.W. 165TH CT.
 M-100
 NORTH MIAMI BEACH FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

65-0793711

Applied For

Not Applicable

5. Certificate of Status Desired

☒
 \$8.75 Additional
 Fee Required

 6. Election Campaign Financing
 Trust Fund Contribution
☐
 \$5.00 May Be
 Added to Fees

 8. This corporation owes the current year Intangible
 Personal Property Tax.
☐☒

No

2. Principal Place of Business

 Suite, Apt. #, etc.
 City & State

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name ESHESIMUA, GODWIN W.

82 Street Address (P.O. Box Number is Not Acceptable) 1551 La Costa DRIVE EAST.

83

84 City PEMBROKE PINES FL 85 Zip Code 33027

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)

4/7/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PADILLA, SEGUNDO R	
STREET ADDRESS	18310 N.W. 68TH AVENUE, #5H	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMESON, CARLOS	
STREET ADDRESS	17700 N.W. 67TH AVENUE, #106	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, JOSEPHINE	
STREET ADDRESS	21485 N.W. MIAMI COURT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	C.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ESHESIMUA, GODWIN W.	
1.3 STREET ADDRESS	1551 La Costa DRIVE EAST.	
1.4 CITY-ST-ZIP	PEMBROKE PINES FL, 33027	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESHESIMUA, EDWIN O	
2.3 STREET ADDRESS	1551 La Costa Dr. East	
2.4 CITY-ST-ZIP	Pembroke Pines FL, 33027	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GODWIN W. ESHESIMUA 3/25/99 305 944-6074

CR2E034 (1/1/98)