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

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COI	PROFIT RPORATION UAL REPORT	Sandra B.	Mortham y of State	FILED			
e	1998	DIVISION OF C	ERPORATIONS				
DOCUMENT # 197 0000 96027				98 OCT 20 PM 1: 52			
1. Corporation	on Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
				ALLAHASSEE, FLORIDA			
FIVE	STAR MEDICAL OFF	ICES, INC.		·			
Principal Plac	ce of Business	Mailing Address					
8150	SW 8 Street #220	SAME					
Miami		SAME		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	<del></del>		
				11/10/1997	-		
<b>└</b>	Place of Business	2a. Mailing Address		4. FEI Number Applied For	$\Box$		
Suite, Apt	# elc	Suite, Apt. #, etc.		65-0793865   Not Applicate   \$8.75 Additional	ile		
22 Soite, Apr	#, etc	27		5. Certificate of Status Desired Fee Required			
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be			
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year intangible	$\dashv$		
24	25		30	Personal Property Tax due June 30.  Yes No			
<u> </u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	_		
	_				_		
ACOST	'A, MANUEL SW 8 Street		82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
Miami			83				
	., 11 00111		84 City	FL 85 Zip Code	ヿ		
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	s, the above-named corp		<del>a</del>		
опісе or r agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligati	priorida, Such change was au ons of, Section 607.0505, Flor	ithorized by the corporation of the statutes.	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered			
SIGNATURE	Signalure typed or printed name of registered agent a	and little if applicable (NOTE	Registered Agent signature require	ed when reinstating) DATE	-   _		
12.	OFEICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	☐ DELETE	1 TITLE	☐ Change ☐ Addition			
NAME STREET ADDRESS	ACOSTA, MANUEL	-	1 2 NAME 1 3 STREET ADDRESS	1000,02,6,74,6,0,1	T UI		
CITY-SI-ZIP	8150 SW 8 Street		1.4 CITY - ST- ZIP	-10/28/9801067021 ****550.00****550.01	. J &		
TITLE	Miami, Fl 33144	☐ DELETE	2 1 TITLE	*****\$\$0.00*****\$\$0.00*****\$\$0.00******\$\$0.00*******\$\$0.00*******	yu C		
NAME STREET ADDRESS			2 2 NAME 2 3 STREET ADDRESS		-		
CITY-ST-ZIP			2 4 CITY-SY-ZIP				
TITLE		☐ DELETE	3 1 TITLE	Change Additio	in		
NAME STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS				
CITY-ST-ZIP			3 4 CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Additio	<u>-</u>		
NAME			4 2 NAME				
STREET ADDRESS CITY - ST - ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Additio	ī		
NAME			5 2 NAME				
STREET ADDRESS   CITY-ST-ZIP			5 3 STREET ADDRESS 5 4 CITY - ST - ZIP				
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Additio	n		
NAME			6 2 NAME	11/02 000			
STREET ADDRESS			6 3 STREET ADDRESS	7 10/2/2 48/97			
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	64 CITY-ST-ZIP the exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further certify that the information	$\dashv$		
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 trusted 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, hyperfin attachment with an address							
SIGNATURE:							