

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90129 009 ***150.00

DOCUMENT # **P98000005952**

1. Corporation Name

BLUE EAGLE MEDICAL SERVICES, INC.

Principal Place of Business

**245 SE 1 STREET #401
MIAMI FL 33131**

Mailing Address

**245 SE 1 STREET #401
MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

65-0280155

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

City & State

30

Zip

Country

31

Suite, Apt. #, etc.

32

City & State

33

Zip

Country

34

Suite, Apt. #, etc.

35

City & State

36

Zip

Country

37

Suite, Apt. #, etc.

38

City & State

39

Zip

Country

40

Suite, Apt. #, etc.

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City & State

42

Zip

Country

43

Suite, Apt. #, etc.

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City & State

45

Zip

Country

46

Suite, Apt. #, etc.

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City & State

48

Zip

Country

49

Suite, Apt. #, etc.

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City & State

51

Zip

Country

52

Suite, Apt. #, etc.

53

City & State

54

Zip

Country

55

Suite, Apt. #, etc.

9. Name and Address of Current Registered Agent

**CAMPOS, SYLVIO
245 SE 1 STREET #401
MIAMI FL 33131**

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

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 **PD** ☐ DELETE

NAME **CAMPOS, SYLVIO**
STREET ADDRESS **245 SE 1 STREET #401**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VD** ☐ DELETE

NAME **HEER-CAMPOS, CALUDIA**
STREET ADDRESS **245 SE 1 STREET #401**
CITY-ST-ZIP **MIAMI FL 33131**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied w
indicated on this annual report or supplementa
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 #



BRYANT & ASSOCIATES, P.A.
PH. 305-685-5918
847 N.W. 119TH ST., STE. 205
MIAMI, FL 33168

4299

63-27/631
981

Date 4-27-99

Pay to the
Order of DEPT OF STATE \$ 150.00

ONE HUNDRED FIFTY 00/100 Dollars

NationsBank

NationsBank, N.A.
Florida

For P9800005952

⑆063100277⑆ 003603848535⑆ 4299

CR2E034 (11/98)