

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  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90051 027 \*\*\*150.00

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1. Corporation Name

FLORIDA MEDICAL VENTURES, INC.

Principal Place of Business  
4616 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33308

Mailing Address  
4616 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

65-0850169

Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$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.

□

X No

9. Name and Address of Current Registered Agent

GUERRA, JORGE L  
MIAMI CENTER 10TH FLOOR  
201 S BISCAYNE BLVD.  
MIAMI FL 33131-4325

10. Name and Address of New Registered Agent

81 Name RAMON BARDALES  
82 Street Address (P.O. Box Number is Not Acceptable)  
4616 NORTH FEDERAL HIGHWAY  
83  
84 City FT. LAUDERDALE FL 85 Zip Code 33308

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

11/1/99

12. OFFICERS AND DIRECTORS

| TITLE                               | NAME                 | STREET ADDRESS             | CITY-ST-ZIP              | DELETED                             |
|-------------------------------------|----------------------|----------------------------|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | DE MENDOZA, SERGIO G | 4616 NORTH FEDERAL HIGHWAY | FORT LAUDERDALE FL 33308 | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | BARDALES, RAMON      | 4616 NORTH FEDERAL HIGHWAY | FORT LAUDERDALE FL 33308 | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> | ZELCH, JAMES V M.D.  | 4616 NORTH FEDERAL HIGHWAY | FORT LAUDERDALE FL 33308 | <input type="checkbox"/>            |
| <input type="checkbox"/>            |                      |                            |                          | <input type="checkbox"/>            |
| <input type="checkbox"/>            |                      |                            |                          | <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 | 1.5 DELETED                         | 1.6 CHANGE                          | 1.7 ADDITION             |
|-------------------------------------|--------------------------|--------------------|-----------------|-------------------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | Vice President           |                    |                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Director                 |                    |                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | P-President / D-Director |                    |                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | C-CHAIRMAN / D-DIRECTOR  |                    |                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            |                          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            |                          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            |                          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            |                          |                    |                 | <input type="checkbox"/>            | <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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)