**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90035 048 \*\*\*150.00

## DOCUMENT # P98000074695

1. Corporation Name

CAREMED MANAGEMENT OF SOUTH FLORIDA INC.

Inc.
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Corpo	orate name ch	nange: Fin]	lay Medic	al Ce	enter	s,	Inc.					
Principal Place	e of Business		Address				i i <b>bb</b> ii <b>d d</b> i si <b>d</b> ii		131 <b>PR</b> 111 <b>B\$</b> 111		B  E   2111   E21	
8125 NW 53 STREET STE 116 8125 NW 53 STREET STE												
MIAMI FL 33166 MIAMI FL 33166							DO NOT WRITE IN THIS SPACE					
}						7	3. Date Incorporated	d or Qualifed				
İ							08/26/1998					
2. Principal Pl	lace of Business	2a. Maili	ing Address			1	4. FEI Number			Ap	plied For	
21		26	_			ļ	65-08642	:35		No	t Applicable	
Suite, Apt.	#, etc.		ور ب دے.e, Apt. #,-etc.				5. Certifcate of State	0:4	<u></u>	\$8.75	Additional	
22		27				:	5. Certificate of Stati	us Desireo 🚓	=======================================	- Fee Re	quired ~	÷·
City & State	9	City	& State				6. Election Campaig	n Financing		\$5.00	May Be	
23		28					Trust Fund Contri	ibution		Added t	o Fees	
Zip	Country	Zip		Country	,	[ ]	8. This corporation (	owes the curre	ent year In			
24	25	29	34	0			Personal Property			Yes	□No	
	9. Name and Address	of Current Registered	l Agent			1	0. Name and Addr	ess of New R	egistered	l Agent		
				81	Name							
	etanakis, alexander			82	Street A	Address	(P.O. Box Number is	s Not Accepta	ble)			
	LEJEUNE ROAD STE	807		-						_		
COR	IAL GABLES FL 33134			83								
}				84	City					85 Zip (	Code	
}					* /				FI	<b>∟</b> ] ``   ``		
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11. Fulsualit	to the provisions of Section	S 007.0302 and 007.13	i08, Florida Statutes	, the above	e-named c	corporat	ion submits this state	ement of the	t the enec	interest of re	rictored	
office or re	egistered agent or both in	the State of Florida, Su	ich change was auti	norized by	the corpor	corporati ration's	board of directors. I	hereby accep	t the appo	ointment as re	gistered	
office or re agent. I as	egistered agent, or both, in m familiar with, and accept	the State of Florida, Su	ich change was auti	norized by	the corpor	corporati oration's	board of directors. I	hereby accep	t the appo	ointment as re	gistered	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

∛OsváldòUMartinez, RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99