

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 22, 1999 8:00 am  
Secretary of State

03-22-1999 90091 003 \*\*\*150.00

DOCUMENT # P98000082687

1. Corporation Name

FLORIDA MEDICAL RESOURCES, INC.



Principal Place of Business

5331 S.W. 8TH STREET  
CORAL GABLES FL 33134

Mailing Address

5331 S.W. 8TH STREET  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1998

4. FEI Number

65-0858054

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.

☐

Yes

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

ARMELY, LILLIAN  
5331 S.W. 8TH STREET  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

JOHN F. SANTAMARIA

82 Street Address (P.O. Box Number is Not Acceptable)

8501 N.W. 172 ST

83

84 City

MIAMI

FL

85 Zip Code

33015

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

3/17/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME ARMELY, LILLIAN  
STREET ADDRESS 5331 S.W. 8TH STREET  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/D ☐ Change ☒ Addition

1.2 NAME JOHN F. SANTAMARIA  
1.3 STREET ADDRESS 8501 N.W. 172 ST  
1.4 CITY-ST-ZIP MIAMI, FL. 33015

2.1 TITLE S/D ☐ Change ☒ Addition

2.2 NAME ARLENE A. SANTAMARIA  
2.3 STREET ADDRESS 4281 S.W. 5 TERR.  
2.4 CITY-ST-ZIP MIAMI, FL. 33134

3.1 TITLE P/D ☐ Change ☒ Addition

3.2 NAME ARACELI SANTAMARIA  
3.3 STREET ADDRESS 4281 S.W. 5 TERR.  
3.4 CITY-ST-ZIP MIAMI, FL. 33134

4.1 TITLE U/D ☐ Change ☒ Addition

4.2 NAME MANUEL S. SANTAMARIA  
4.3 STREET ADDRESS 4281 SW 5 TERR.  
4.4 CITY-ST-ZIP MIAMI, FL. 33034

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 #

3/17/99 (305) 444-9700

CR2E034 (11/98)