SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Jul 28, 1999 8:00 am Secretary of State 07-28-1999 90007 045 ***150.00

FILED

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DOCL	IMEN.	T #	P9800010	03505

DOCUMENT # P980	000103505	
IMAGINATION MEDICAL INST		
Principal Place of Business	Mailing Address	
3011 W. FLAGLER ST. MIAMI FL 33135	3011 W. FLAGLER ST. Miami FL 33135	
2. Principal Place of Business	2a. Mailing Address	

MIA	MI FL 33135		MIAMI FL	33135				
			,,,,,,,,,,,,	•			DO NOT WRITE IN THIS	S SPACE
							3. Date Incorporated or Qualified	
							12/11/1998	
2.	Principal Place of Busin	ness	2a. Maili	ng Address			4. FEI Number	Applied For
21			26				65088-41-07	Not Applicable
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country 25	Zip	·	Country 30		This corporation owes the current year \(\) Intangible Personal Property.	Yes No
9. Name and Address of C		and Address of Curi	rent Registered	Agent			10. Name and Address of New Registered	Agent
GUERRA, LOURDES 3011 W. FLAGLER ST. MIAMI FL 33135			81	Name				
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					84	City	FL FL	85 Zip Code
11	Pursuant to the provi- office or registered a	sions of sections 607.0 gent, or both, in the Sta	502 and 607.150 ate of Florida. Su	8, Florida Statute ich change was a	es, the above authorized by	named corporat	oration submits this statement for the purpose of cition's board of directors. I hereby accept the appo	hanging its registered intment as registered

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			13.	3)		
TITLE	D	DELETE	1.1 TITLE	Change Addition		
NAME	FERRER-GUERRA, ELDA		1.2 NAME	terrer-Guerra, Elon		
STREET ADDRESS	9 ISLAND AVENUE #715		1.3 STREET ADDRESS	Ferrer-Guerra, ETDA Change Addition 3011 WEST Flagler ST. 41 MIAMI FLA, 33135		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	Ujami FLA, 33135		
TITLE	D	DELETE	2.1 TITLE	Change Addition		
NAME	GUERRA, LOURDES		2.2 NAME			
STREET ADDRESS	5555 COLLINS AVENUE #6M		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	- Change - Addition -		
NAME		:	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	Change Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE (6.1 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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.

SIGNATURE:

Daytime Phone #

Pay100103505 597057-9000-45

To Whom it May Concern, Annual-Report Department)

This is to inform you, Imagination Medical Institude & Spa opened on May 24,1999. The First Notice was never recieved, that is why the payment was recieved late. I spoke to one of your representatives who told me to send this letter, explaining the reason whyand to send a check for \$ 150.00 along with the Second Notice which was the one we recieved, check has been enclosed.

Thank You for taking the time to read this letter.

Sincerly,

Elda Ferrer-Guerra M.D.

7-16-99.