

**CORPORATION
ANNUAL REPORT
1995**



**Florida Department of State
Tallahassee
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR 27 AM 10:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S14035 (7)

**1. Corporation Name
SUTCLIFFE MEDICAL, INC.**

**Principal Place of Business Mailing Address
13350 S.W. 46TH STREET 13350 S.W. 46TH STREET
MIAMI FL 33175 MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/24/1990 3a. Date of Last Report 07/18/1994
4. FEI Number 65-0243772 **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 has liability for intangible tax under S. 189.032, Florida Statutes ☒ **Yes** ☐ **No**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**MARTINEZ, MARIA E.
13350 S.W. 46TH ST.
MIAMI FL 33175**

10. Name and Address of New Registered Agent
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 fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS
TITLE DVC
NAME MARTINEZ, JORGE L.
STREET ADDRESS 13350 S.W. 46TH ST.
CITY - ST - ZIP MIAMI FL
TITLE PTSD
NAME MARTINEZ, MARIA E.
STREET ADDRESS 13350 S.W. 46TH ST.
CITY - ST - ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
3.1 TITLE ☐ **Change** ☐ **Addition**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ **Change** ☐ **Addition**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Maria E. Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR
MARIA E. MARTINEZ

4/24/95 305/559-0333
Date (Month/Year) 8