FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT ~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
WESTSIDE MEDICAL INC.

DOCUMENT #
S40141 (1)

Mailing Address
4729 S.W. 74TH AVE
MIAMI FL 33155

Principal Place of Business
4729 S.W. 74TH AVE.
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

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

3. Date Incorporated or Qualified: 03/22/1991
3a. Date of Last Report: 05/01/1993
4. FEI Number: 65-0263016 ☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NAVARRO, ALEXANDER
18015 S.W. 82 CT.
MIAMI FL 33157

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE X ~~Void~~ DATE ______
(Registered Agent accepting Appointment — NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/P	1.1 TITLE	
1.2 NAME	SANTANA, RAUL	1.2 NAME	
1.3 STREET ADDRESS	3215 VILLAGE GREEN DR	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
2.1 TITLE	S	2.1 TITLE	
2.2 NAME	SANTANA, ESTELA	2.2 NAME	300001480993
2.3 STREET ADDRESS	3215 VILLAGE GREEN DR	2.3 STREET ADDRESS	-05/09/95--01101--008
2.4 CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	****200.00 ****200.00
3.1 TITLE	P	3.1 TITLE	
3.2 NAME	NAVARRO, ALEXANDER	3.2 NAME	
3.3 STREET ADDRESS	3981 SW 122ND AVENUE	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
4.1 TITLE	T	4.1 TITLE	
4.2 NAME	FERNANDEZ, TERESA	4.2 NAME	
4.3 STREET ADDRESS	3981 SW 122ND AVENUE	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	T15 5/4/95

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 release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] Vice President 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date