## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(9)

PRIME MEDICAL WEST BOCA, INC.

25

100 SE 2 ST, 21 FL, INTERNATIONAL PLACE

Principal Place of Business	
4055 N ANDREWS AVE	
OAKLAND PARK FL 33309	i

2. Principal Place of Business

ZARCO, ROBERT

**MIAMI FL 33131** 

100 SE 2 ST, STE 2700

Suite, Apt. #, etc.

City & State

21

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Zip

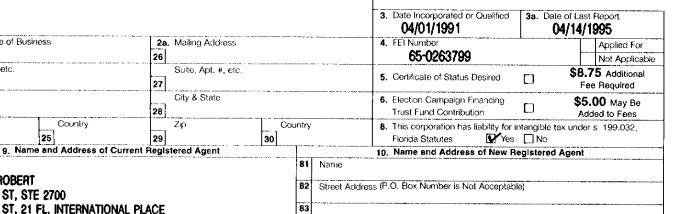
Mailing Address

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4055 N ANDREWS AVE OAKLAND PARK FL 33309



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, 1 am

City 84

12.	ignature, typod or printed name of registered equal and OFFICERS AND D		OTE: Registered Agent signature required		DATE	
TITLE	D\$	DELETE	13.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	
NAME	CHEDIAK, MOISES, JR.	[] bttt	1. 1 TOLE		☐ Change	Addition
1	20401 ST RD 7 G12		1.2 NAME			
STREET ADDRESS	BOCA RATON FL		1.3 STREET ADDRESS			
CITY-ST-ZIP		ED DELET	1.4 CHY - \$T - 7IP			
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STREET ADDRESS			4.3 STREET ADDRESS			
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CITY-ST-ZIP			5.4 CITY-ST-ZIP			
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NAME			62 NAME		-	
STREET ADDRESS	- 1		63 STHEET ADDRESS			
CITY-ST-ZIP			O S STALE THE DIRECT			

ed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further and with this iming is volontarily furnished and does not quarry for the exemption stated in Section 113.07(5)(6), normal statutes, inclined in notal report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under reporation or the receiver or trustee empowered to execute this report as inquired by Chapter 607, Florida Statutes; and that my name certify that the informaoath; that I am an offic appears in Block 12 or

SIGNATURE:

Zip Code

85