FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S56266** **(7)**

1. Corporation Name
GLOBAL MEDICAL, INC.

Principal Place of Business	Mailing Address
1462 W 84TH ST HIALEAH FL 33014	1462 W 84TH ST HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/28/1991
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business
21 1590 W. 35 PL.
Suite, Apt. #, etc. 22
City & State 23 HIALEAH FL
Zip 24 33012 County 25 DADE

2a. Mailing Address
26 1590 W. 35 PL.
Suite, Apt. #, etc. 27
City & State 28 Hialeah, FL
Zip 29 33012 County 30 DADE

4. FEI Number: 65-0273950 ☐ 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. This corporation has liability for intangible tax under G. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASTANER, SALVADOR
5450 W 10TH LANE
HIALEAH FL 33012

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 607.0503 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	CASTANER, SALVADOR	12 NAME	SALVADOR CASTANER	
STREET ADDRESS	5450 W 10TH LANE	13 STREET ADDRESS	14340 Lake Candlewood Court	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	CAMPOS, MARILUZ	22 NAME	MARILUZ CASTANER	
STREET ADDRESS	5450 W 10 LANE	23 STREET ADDRESS	14340 Lake Candlewood Court	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ MARILUZ CASTANER V.P. 4/26/95 (305)557-0884
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0094712 CP