

FILE NQW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S56422 (6)

1. Corporation Name

NATIONSMED MEDICAL GROUP OF HIALEAH, INC.



Principal Place of Business

P.O. BOX 141966
CORAL GABLES FL 33114-966
US

Mailing Address

P.O. BOX 141966
CORAL GABLES FL 33114-966
US

3. Date Incorporated or Qualified

05/31/1991

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

21 8325 NW 53 Street

Suite, Apt. #, etc.

22 Suite #100

City & State

23 Miami, FL

Zip

24 33166

Country

25

2a. Mailing Address

26 P.O. Box 141966

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, FL

Zip

29 33114

Country

30

4. FEI Number

65-0271978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINEZ, OSVALDO
7950 NW 53 ST, STE 210
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

Marialena Diaz

82 Street Address (P.O. Box Number is Not Acceptable)

8325 NW 53 Street

83

Suite #100

84

City

Miami,

FL

85 Zip Code

33166

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

Marialena Diaz

Marialena Diaz, Comptroller

1/22/97

Signature type: 1 for principal officer or director and agent; 2 for agent only, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D MARTINEZ, OSVALDO	7950 NW 53 ST, SUITE 210	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 included 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSVALDO MARTINEZ, PRESIDENT

1/24/97

(305) 592-5583

Date

Daytime Phone #

0161526

CR2E034 (9/96)