

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S71840** (0)  
1. Corporation Name  
**MEDIC STAR, INC.**



Principal Place of Business  
P. O. BOX 630266  
MIAMI FL 33163-0266

Mailing Address  
P. O. BOX 630266  
MIAMI FL 33163-0266

3. Date Incorporated or Qualified **08/08/1991** 3a. Date of Last Report **06/20/1995**  
4. FEI Number **65-0275770** 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. 199.032,  
Florida Statutes ☐ Yes ☐ No  
10. Name and Address of New Registered Agent

2. Principal Place of Business  
21 **19755 TURNBERRY WAY**  
Suite, Apt. #, etc.  
22 **SPA BLDG.**  
City & State  
23 **AVENTURA, FL.**  
Zip Country  
24 **33180** 25 **U.S.**  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

9. Name and Address of Current Registered Agent

**BIRZON, SELMA**  
**1065 YELLOW BIRCH TERR.**  
**HOLLYWOOD FL 33019**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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, if applicable

(If not E-Registered Agent signature required when not at all)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BIRZON, SELMA</b>	
STREET ADDRESS	<b>1065 YELLOW BIRCH TERR.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>BIRZON, RALPH</b>	
STREET ADDRESS	<b>1065 YELLOW BIRCH TERR.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

937-0061

DATE

DATE OF FILING

CR2E034 (12/95)