

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 13 AM 11:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S72085
Corporation Name

ASPEN MEDICAL CORPORATION

Principal Place of Business Mailing Address
8780 S.W. 92ND STREET 8780 S.W. 92ND STREET
#205 #205
MIAMI, FL 33176 MIAMI, FL 33176

3. Date Incorporated or Qualified
08-09-91

4. FEI Number 65-0279408
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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

Principal Place of Business 2a. Mailing Address
175 FONTAINEBLEAU BLVD 175 FONTAINEBLEAU BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 2D2 STE 2D2
City & State City & State
MIAMI, FL MIAMI, FL
Zip 33173 Country US Zip 33173 Country US

9. Name and Address of Current Registered Agent

GENNETT, MICHAEL
2151 LE JEUNE RD.
MEZZANINE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name ENRIQUEZ, HILDA G
82 Street Address (P.O. Box Number is Not Acceptable) 175 FONTAINEBLEAU BLVD
83 STE 2D2
84 City MIAMI FL 85 Zip Code 33173

1. 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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 6/7/00

OFFICERS AND DIRECTORS

NAME	ADDRESS	DELETE
PVTD	ENRIQUEZ, HILDA G	<input type="checkbox"/>
8780 N.W. 92 STREET #205		
MIAMI, FL 33176		
		<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	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		175 FONTAINEBLEAU BLVD., STE 2D2	MIAMI, FL 33173																				

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I 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 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, with all other like empowered.

SIGNATURE: *[Signature]*

[Signature] Hilda Enriquez

6/7/00

(305) 223-4777

CR2E034 (1/98)