

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S74841** (5)
1. Corporation Name:
COMPREHENSIVE MEDICAL SPECIALTIES, INC.

Principal Place of Business: **1200 PONCE DE LEON BLVD.
SUITE 407
CORAL GABLES FL 33134
US**
Mailing Address: **1200 PONCE DE LEON BLVD.
SUITE 407
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/19/1991**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0282852**
Applied Fee: ☐ 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

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29**
Country: **30**

9. Name and Address of Current Registered Agent

**WILFRED BRACERAS
1200 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name: **BRACERAS WILFRED**
82. Street Address (P.O. Box Number, Not Acceptable): **6500 NW 50TH ST**
83.
84. City: **MIRAFLORES** FL 85. Zip Code: **33010**

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]

(Signature of Registered Agent, if not the same as the corporation's registered agent)

04/21/95

12. OFFICERS AND DIRECTORS

1. TITLE: **D**
NAME: **MUSINO, MARTHA B.**
STREET ADDRESS: **7220 NW 36TH ST, STE 407**
CITY, ST, ZIP: **MIAMI FL**
2. TITLE: **SO**
NAME: **OTANO, JOSE A., GR.**
STREET ADDRESS: **7220 NW 36TH ST, STE 407**
CITY, ST, ZIP: **MIAMI FL**
3. TITLE: **DS**
NAME: **BEL, BEATRIZ**
STREET ADDRESS: **1200 PONCE DE LEON BLVD.**
CITY, ST, ZIP: **CORAL GABLES FL**
4. TITLE: **PO**
NAME: **BRACERAS WILFRED**
STREET ADDRESS: **1200 PONCE DE LEON BLVD.**
CITY, ST, ZIP: **CORAL GABLES FL**
5. TITLE:
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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