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

DOCUMENT # **S85783** **(6)**

1. Corporate Name

MEDPASS INSTITUTE, INC.

Principal Place of Business	Mailing Address
1981 SW 133RD AVE MIRAMAR FL 33027	15549 MIAMI LAKEWAY NORTH 107 MIAMI LAKES FL 33014 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/07/1991	10/05/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number 65-0314032	☐ 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 § 199.032, Florida Statutes: ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONZALEZ, AURELIO 15549 MIAMI LAKEWAY NORTH 107 MIAMI FL 33014	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 Section 607.1502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1 TITLE	P	1 TITLE	☐ Change ☐ Addition
1 NAME	GONZALEZ, AURELO	1 NAME	
1 STREET ADDRESS	15549 MIAMI LAKEWAY N	1 STREET ADDRESS	
1 CITY-ST-ZIP	MIAMI LAKES FL 33014	1 CITY-ST-ZIP	
2 TITLE	VP	2 TITLE	☐ Change ☐ Addition
2 NAME	SULTANEZ, AHMED	2 NAME	
2 STREET ADDRESS	1981 SW 133RD AVE	2 STREET ADDRESS	
2 CITY-ST-ZIP	MIRAMIR FL 33027	2 CITY-ST-ZIP	
3 TITLE	VP	3 TITLE	☐ Change ☐ Addition
3 NAME	DIROCCO, CESARE	3 NAME	
3 STREET ADDRESS	1981 SW 133 AVE	3 STREET ADDRESS	
3 CITY-ST-ZIP	MIRAMAR FL 33027	3 CITY-ST-ZIP	
4 TITLE	~~VP~~	4 TITLE	☑ Change ☐ Addition
4 NAME	~~DIROCCO, CESARE M.D.~~	4 NAME	
4 STREET ADDRESS	~~15485 EAGLE NEST LANE, SUITE #150~~	4 STREET ADDRESS	
4 CITY-ST-ZIP	~~MIAMI LAKES FL~~	4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I 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: AURELIO GONZALEZ 4/20/95 305-470-8299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP