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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V19480** **(5)**

1. Corporation Name
MEDICINA ACTUAL, INC.

Principal Place of Business	Mailing Address
~~2200 SOUTHWEST 27TH AVENUE~~ ~~MIAMI FL 33134~~	~~2200 SOUTHWEST 27TH AVENUE~~ ~~MIAMI FL 33145-2432~~

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business
21: 16600 SW 153 PL
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL
24: Zip: 33187 25: Country

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

4. FEI Number: 65-0315903 — Applied For / Not Applic

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. 199.03 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SANTANA, IRAIDA I
~~2200 SW 27TH AVENUE~~
~~MIAMI FL 33134~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable): 16600 SW 153 PL
83
84 City: MIAMI FL 85 Zip Code: 33187

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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANTANA, IRAIDA DRA. ~~2200 SW 27 AVE.~~ ~~MIAMI FL 33134~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ A 16600 SW 153 PL MIAMI, FL 33187	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SANTANA, DIEGO O ~~2200 SW 27 AVE.~~ ~~MIAMI FL 33134~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ A 16600 SW 153 PL MIAMI, FL 33187	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A SANTANA, VIVIAN ~~2200 SW 27 AVE.~~ ~~MIAMI FL 33134~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ A 16600 SW 153 PL MIAMI, FL 33187	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ A A DEBS, LOURDES 16600 SW 153 PL MIAMI, FL 33187	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDR / 5.4 CITY-ST-ZIP	☐ Change ☐ A	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDR / 6.4 CITY-ST-ZIP	☐ Change ☐ A 400002186164 -05/21/97--01010--041 ***165.00	

14. I do hereby certify that the information supplied with this filing does not qualify for the exempti information indicated on this annual report or supplemental annual report is true and accurate ... an officer or director of the corporation or the receiver or trustee empowered to execute t ... Block 12 or Block 13 if changed, or on an attachment with an address. ... Florida Statutes. I further certify that the he same legal effect as if made under ... 607, Florida Statutes, and that my ...

SIGNATURE: Iraida Santana, MD. IRAIDA SANTANA 4-29-97
DIGITAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR