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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| I. Corporation | MENT n Name MEDICAL | # V30 2 INC. | 291 | (1) | | | L HARIT ALIABRA SUMI BAKKA SULUK CICCI M | A DAN RAN DIN GUN | |
|---|---|---|--------------------------------------|--|--|--|--|--|--|
| Principal Place of Business 7801 CORAL WAY SUITE 117 VIAMI FL 33155 | | | F | Mailing Address P.O. BOX 441402 MIAMI FL 33144-1402 US | | | | | |
| \$ | • | | | | | | 3. Date Incorporated or Qualified 04/20/1992 | 3a. Date of La 03/22/19 | |
| t, Principal P | lace of Busin | ess | 2 26 | a. Mailing Address | | · · · · · · · · · · · · · · · · · · · | 4. FEI Number 65-0328026 | | Applied For Not Applicable |
| Suite, Apt #, etc. City & State | | | 27 | Suite, Apt. #, etc. 27 City & State | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| | | | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zφ | | Country 25 | 29 | Zip | Coun | try | 8. This corporation has liability for | or intangible tax und | der s. 199.032, |
| | 9. Name | and Address o | f Current Reg | Istered Agent | | | 10. Name and Address of New F | Registered Agent | |
| PENALVER, CARLOS 10410 N.W. 131ST STREET HIALEAH GARDENS FL 33016 | | | 6 | | | Name Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| | | | | | | M 65 | | 85 | Zip Code |
| I1. Pursuant | to the provis | ons of Sections | 607.0502 and | i 607.1508, Florida Ŝta | 1 | City ove-named corp | poration submits this statement for the | FL purpose of chang | ing its registered |
| II. Pursuant office or r agent I a SIGNATURE | | ons of Sections ent, or both, in t th, and accept the | | | tutes, the abo s authorized Florida Statu | ove-named corp by the corpora tes. | poration submits this statement for the tition's board of directors. I hereby acc | purpose of changept the appointment | ing its registered nt as registered |
| SIGNATURE | Signature typed | or punited hame of reg | | ite it applicable (N | tutes, the above s authorized Florida Statu | by the corpora tes. | | purpose of change of the appointment of the appoint | CTORS IN 12 |
| SIGNATURE 2. | Signature typed | or punted name of reg OFFIC | gistered agent and t | ice if applicable (N | tutes, the abo s authorized Florida Statu IOTE Registered / 13. | ove-named corp by the corpora tes. Agent signature requi | lifed when reinstating) | purpose of chang sept the appointmen | CTORS IN 12 |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STRING OFFICER OR DIRECTOR

267-8712

L/32/97
Daytime Phone #

FILED

Apr 29 1997 8:00am

Secretary of State