

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gloria B. McQuinn
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # V33186 (0)

1. Corporation Name

SMP HEALTH SYSTEMS, INC.

APPROVED

SEP 11 1995 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3127 W HALLANDALE BCH BLVD
STE 113
HALLANDALE FL 33009
US**

Mailing Address
**14411 COMMERCE WAY
STE 310
MIAMI LAKES FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1992** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business	2a. Mailing Address	4. FBI Number	Applied For
21 14411 Commerce Way	26	65-0340901	Not Applicable
22 Suite Apt # etc SUITE 310	27 Suite Apt # etc	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23 City & State MIAMI LAKES, FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24 Zip 33016	25 Country USA	29	30

9. Name and Address of Current Registered Agent

**PALENZUELA, ROBERTO L.
3127 W HALLANDALE BCH BLVD
STE 113
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
14411 Commerce Way
83 **SUITE 310**
84 City **MIAMI LAKES** FL 85 Zip Code **33016**

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director, Secretary or Officer

Signature of Registered Agent or Director, Secretary or Officer

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
1. NAME	D PALENZUELA, ROBERTO L.	1. NAME	D PALENZUELA, ROBERTO L. ☒ Change ☐ Addition
2. STREET ADDRESS	3127 W HALLANDALE BCH BLVD #113	2. STREET ADDRESS	14411 COMMERCE WAY, SUITE 310
3. CITY	HALLANDALE FL	3. CITY	MIAMI LAKES, FL 33016
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	☐ Change ☐ Addition
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	☐ Change ☐ Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	☐ Change ☐ Addition

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and designed solely for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95

557-0803