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

FILED
95 JUL -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V34124 (0)

1. Corporation Name
DADE HEALTH SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
606 E. 9 STREET HIALEAH FL 33010	604 E. 9TH STREET HIALEAH FL 33010 US

3. Date Incorporated or Qualified: 05/06/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 604 E 9th ST
Suite, Apt. #, etc. (22):
City & State (23): HIALEAH FL.
Zip (24): 33010 Country (25): DADE

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

4. FEI Number: 65-0335249 ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARCH, ROBERTO V.
11925 SW BIRD ROAD DRIVE
3217
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: SUAREZ, LAZARO N.
82 Street Address (P.O. Box Number is Not Acceptable): 13528 SW 9 LN
83:
84 City: MIAMI FL 85 Zip Code: FL 33184

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: LAZARO, N. SUAREZ PD 06/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MARCH, ROBERTO V	1.2 NAME	SUAREZ, LAZARO N.	
STREET ADDRESS	2831 SW 117TH AVE.	1.3 STREET ADDRESS	13528 SW 9 LN	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33184	
TITLE	VSD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	MORALES, JESUS T	2.2 NAME	GOMEZ, PEDRO F.	
STREET ADDRESS	1699 WEST 62ND ST.	2.3 STREET ADDRESS	1900 W 68 ST APT E205	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	HIALEAH, FL. 33014	
TITLE	VD	3.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	MONTEAGUDO, PEDRO D	3.2 NAME		
STREET ADDRESS	540 BRICKELL KEY DRIVE, #1616	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do 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: LAZARO NOEL SUAREZ 06-28-95 (305)8835161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007 CF