

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:48

DOCUMENT # V38305 (1)

1. Corporation Name

R.C. MEDICAL CORP.

Principal Place of Business

4160 PARK AVENUE
COCONUT GROVE FL 33133
US

Mailing Address

4160 PARK AVENUE
COCONUT GROVE FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1992

3a. Date of Last Report

08/10/1994

4. FEI Number

65-0335079

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. 190.012,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 10577 NW 51 ST

26 10577 NW 51 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33178 25 US

29 33178 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, IRLEANA M.
10250 MILLER DR
SUITE 8-101
MIAMI FL 33165

81 Name

RANDY CARMONA

82 Street Address (P.O. Box Number is Not Acceptable)

10577 NW 51 ST

83

84 City

MIAMI

FL

FL

85 Zip Code

33178

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

Signature (typed or printed name of registered agent and the agent)

(if 315 Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CARMONA, RANDY
STREET ADDRESS	4160 PARK AVENUE
CITY - ST - ZIP	COCONUT GROVE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	CARMONA, RANDY P/O	☒ Change ☐ Addition
1.2 NAME	10577 NW 51 ST	
1.3 STREET ADDRESS	MIAMI, FL 33178	
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

REMITTED BY MAY 1

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 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13; if changed, or on an attachment with an address.

SIGNATURE:

Randy Carmona / RANDY CARMONA

4/28/95 (305)994-8151