

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V47124** (5)

1. Corporation Name

MEDICAL OF SOUTH FLORIDA, INC.

Principal Place of Business

2895 S.W. 69TH CT.
MIAMI FL 33155

Mailing Address

2895 S.W. 69TH COURT
MIAMI FL 33155



2. Principal Place of Business

21 2895 S.W. 69th Court
Suite, Apt. #, etc.

2a. Mailing Address

26 2895 S.W. 69th Court
Suite, Apt. #, etc.

22 Suite B
City & State

27 Suite B
City & State

23 Miami, Florida

28 Miami, Florida

24 33155
Zip

25 Dade
Country

29 33155
Zip

30 Dade
Country

9. Name and Address of Current Registered Agent

NUNEZ, ALEJANDRO P.A.
6361 SUNSET DRIVE
SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

08/07/1995

4. FET Number

65-0343523

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person designated agent and the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/7/96

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PRESIDENT, SEC. & TREAS. ☒ Change ☐ Addition

ZULITA DELGADO

2101 Brickell Avenue, Apt. 203
Key Biscayne, FL 33149

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Zulita Delgado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 (305)
266-4010
Date Daytime Phone

CR2E034 (12/95)