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Mailing Address

20255 WEST OAK HAVEN CIRCLE NO MIAMI BCH FL 33179

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90067 046 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V56774

1. Corporation Name

Principal Place of Business 20255 WEST OAK HAVEN CIRCLE

SIGNATURE:

NO MIAMI BCH FL 33179

TRI MEDIX MANAGEMENT, INC.

S		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					08/07/1992		
Principal Pla	ace of Busines's	2a. Mailing Address			4. FEI Number	Appl	ied For
ה <u>י</u>		26			65-0415995	Not /	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Ad	
]		27			5. Contribute of Otalian Desires	Fee Req	uired
City & State	9	City & State			6. Election Campaign Financing	\$5.00 ⋈	•
		28			Trust Fund Contribution	Added to	Fees
Zip	* Country	Zip	Country		8. This corporation owes the current year Intangi		٦
25		29 30			Personal Property Tax.		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	ent	
			81	Name			
	FE, RICHARD C.		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	NORTH MIAMI BEACH BLVD.]	Silver Address (F.O. Box Marrison is Not Nesspersor)			
NORT	TH MIAMI BEACH FL 33162		83				3 2 2 2 2 2
			-	011		5 Zip Co	vda
			84	City	∠ FL ∣°	5 Zip Co	ode .
4 Director 9	to the provisions of Seelons 607 0502	and 60% 1508. Florida Statutes	s, the above	e-named corp	oration submits this statement for the purpose of cha	nging its re	egistered
office or re	egistered agent, or both, in the State of	f Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby accept the appointment	ent as regi	stered
agent. I ar	m familiar with, and accept the obligation	ons of Section 607.0595, Florid	da Statutes		oration submits this statement for the purpose of chains board of directors. I hereby accept the appointment		
IGNATURE	M/In/	11111					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signature, typed or printed flame of registered agent		<u> </u>	t signature required	ADDITIONS/CHANGES TO OFFICERS AND D		C IN 42
			42			バベモし IOR	3 IN 12
2.		DIRECTORS	13.				☐ Addition
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