

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:42

DOCUMENT # **F93000003886 (9)**

1. Corporation Name
EDUCATIONAL MEDICAL, INC.

Principal Place of Business Mailing Address
1327 NORTH MEADOW PARKWAY, #132 ROSWELL GA 30076

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25		08/26/1993	01/25/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0838445	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PCD
NAME	KERBER, GARY S
STREET ADDRESS	1327 NORTHMEADOW PARKWAY, #132
CITY-ST-ZIP	ROSWELL GA 30076
TITLE	VAS
NAME	PISANO, VINCE
STREET ADDRESS	1327 NORTHMEADOW PARKWAY, #132
CITY-ST-ZIP	ROSWELL GA 30076
TITLE	S
NAME	BROWN, MORRIS C
STREET ADDRESS	222 LAKEVIEW AVENUE, SUITE 800
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	D
NAME	ARNABOLDI, NICOLE S
STREET ADDRESS	C/O 1327 NORTHMEADOW PARKWAY, #132
CITY-ST-ZIP	ROSWELL GA 30076
TITLE	D
NAME	HUTMAN, CARL S
STREET ADDRESS	C/O 1327 NORTHMEADOW PARKWAY, #132
CITY-ST-ZIP	ROSWELL GA 30076
TITLE	D
NAME	CRESCI, ROBERT J
STREET ADDRESS	C/O 1327 NORTHMEADOW PARKWAY, #132
CITY-ST-ZIP	ROSWELL GA 30076

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	RICHARD KROON
4.4 CITY-ST-ZIP	C/O 1327 NORTHMEADOW PARKWAY, #132 ROSWELL, GA. 30076
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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:

Vince Pisano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VINCE PISANO

2/1/95 (404) 475-9930