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001204

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90034 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003886

1. Corporation Name
EDUCATIONAL MEDICAL, INC.



Principal Place of Business 1327 NORTH MEADOW PARKWAY, #132 ROSWELL GA 30076	Mailing Address 1327 NORTH MEADOW PARKWAY, #132 ROSWELL GA 30076 1400 Hembree Rd, Ste 100 Roswell, GA 30076
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1400 Hembree Road Suite, Apt. #, etc.	2a. Mailing Address 26 1400 Hembree Rd Suite, Apt. #, etc.
22 Suite 100 City & State	27 Suite 100 City & State
23 Roswell, GA Zip Country	28 Roswell, GA Zip Country
24 30076 25	29 30076 30

3. Date Incorporated or Qualified 08/26/1993	4. FEI Number 65-0838445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	KERBER, GARY S	
STREET ADDRESS	1327 NORTHMEADOW PARKWAY, #132	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	PISANO, VINCE	
STREET ADDRESS	1327 NORTHMEADOW PARKWAY, #132	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, MORRIS C	
STREET ADDRESS	222 LAKEVIEW AVENUE, SUITE 800	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KROON, RICHARD	
STREET ADDRESS	C/O 1327 NORTHMEADOW PARKWAY #132	
CITY-ST-ZIP	ROSWELL GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTMAN, CARL S	
STREET ADDRESS	C/O 1327 NORTHMEADOW PARKWAY, #132	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	D	<input type="checkbox"/> DELETE
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	1400 Hembree Road, Suite 100
1.4 CITY-ST-ZIP	Roswell, GA 30076
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1400 Hembree Road, Suite 100
2.4 CITY-ST-ZIP	Roswell, GA 30076
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1400 Hembree Road, Suite 100
4.4 CITY-ST-ZIP	Roswell, GA 30076
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1400 Hembree Road, Suite 100
5.4 CITY-ST-ZIP	Roswell, GA 30076
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1400 Hembree Road, Suite 100
6.4 CITY-ST-ZIP	Roswell, GA 30076

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE RICHARD D 3/11/99 770 510-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)