

**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 MAR -9 PM 4:22

DOCUMENT # **F94000002059 (3)**

1. Corporation Name

**EASTERN MEDICAL SYSTEMS, INC.**

Principal Place of Business

9737 N.W. 41ST STREET  
SUITE 157  
MIAMI FL 33178

Mailing Address

9737 N.W. 41ST STREET  
SUITE 157  
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0448969

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

9. Name and Address of Current Registered Agent

MICHEL, JEAN-LUC  
9737 N.W. 41ST STREET  
SUITE 157  
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name **IMMACULA TESSIER**  
82 Street Address (P.O. Box Number is Not Acceptable) **1601 N. PALM AVE**  
83 **Suite 311-E**  
84 **PENBROKE PINES FL** 85 Zip Code **33026**

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]*

**IMMACULA TESSIER**

**3-1-95**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	MICHEL, JEAN-LUC
STREET ADDRESS	10200 PORT OF SPAIN ST.
CITY-ST-ZIP	COOPER CITY FL
TITLE	V
NAME	MICHEL, IMMACULA
STREET ADDRESS	10200 PORT OF SPAIN ST.
CITY-ST-ZIP	COOPER CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IMMACULA TESSIER	
1.3 STREET ADDRESS	1601 N. PALM AVE	
1.4 CITY-ST-ZIP	PENBROKE PINES, FLA 33026	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD A. FLEMING	
2.3 STREET ADDRESS	9737 NW 41st St. # 157	
2.4 CITY-ST-ZIP	MIAMI FLA 33178	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARIE C. GERVAIS	
3.3 STREET ADDRESS	9737 NW 41st St # 157	
3.4 CITY-ST-ZIP	MIAMI FLA 33178	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GINETTE VALME	
4.3 STREET ADDRESS	9737 NW 41st St	
4.4 CITY-ST-ZIP	MIAMI FLA 33178	
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 110.07(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 in person; 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 affidavit.

SIGNATURE:

*[Signature]*

Signature typed or printed name of signing officer or director

**3/1/95**

**305 354 5053**

Date Daytime Phone #