

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

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 33178-2924

3. Date Incorporated or Qualified: **04/20/1994**
 3a. Date of Last Report: **09/20/1996**

2. Principal Place of Business

2a. Mailing Address

21 **9032 S.W. 152 STREET**
 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **MIAMI FLORIDA**
 City & State

27 City & State

23 **3**
 Zip

Country: **U.S.**

28 Zip

Country

24 **33157**

25 **U.S.**

29 Zip

30 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

10. Name and Address of New Registered Agent

TESSIER, IMMACULA
9032 SW 152 ST.
DIKE PLAZA
MIAMI FL 33157

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	TESSIER, IMMACULA	
STREET ADDRESS	9032 SW 152 ST.	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLEMING, RICHARD A.	
STREET ADDRESS	9737 NW 41 ST #157	
CITY - ST - ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CERVAIS, MARIE C.	
STREET ADDRESS	9737 NW 41 ST #157	
CITY - ST - ZIP	MIAMI FL 33178	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VALME, GINETTE	
STREET ADDRESS	9737 NW 41 ST	
CITY - ST - ZIP	MIAMI FL 33178	
TITLE	C.E.O.	<input type="checkbox"/> DELETE
NAME	J	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	CHIEF EXEC. OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEAN-LUC MICHEL M.D.	
1.3 STREET ADDRESS	9032 SW 152 STREET	
1.4 CITY - ST - ZIP	MIAMI, FLORIDA 33157	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 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.

SIGNATURE: Jean Luc Michel M.D. / JEAN-LUC MICHEL 5/1/97 (305) 354-5053
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)