

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002059 (3)
 1. Corporation Name
EASTERN MEDICAL SYSTEMS, INC.



Principal Place of Business 9032 SW 152 ST MIAMI FL 33157 US	Mailing Address 9737 N.W. 41ST STREET SUITE 157 MIAMI FL 33178
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 04/20/1994	
4. FEI Number 65-0448969	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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TESSIER, IMMACULA
9032 SW 152 ST.
DIXIE PLAZA
MIAMI FL 33157

81 Name	IMMACULA TESSIER
82 Street Address (P.O. Box Number Is Not Acceptable)	13104 S.W. 25 PLACE
83	
84 City	DAVIE FL
85 Zip Code	33325

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 Immacula Tessier **IMMACULA TESSIER** DATE **9/24/98**

12. OFFICERS AND DIRECTORS	
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	CEO <input type="checkbox"/> DELETE
NAME	JEAN-LUC, MICHEL M.D.
STREET ADDRESS	9032 SW 152 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	IMMACULA TESSIER
1.3 STREET ADDRESS	13104 S.W. 25 PLACE
1.4 CITY-ST-ZIP	DAVIE FL 33325
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Immacula Tessier **IMMACULA TESSIER** DATE **9/24/98** **3053545053**

CR2E034 (5/98)