


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90001 042 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002059**  
 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 21 17031 So. DIXIE Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 MIAMI City & State	27 FLORIDA City & State
23 33157 Zip	28 U.S. Country

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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TESSIER, IMMACULA  
 13104 S.W. 25TH PLACE  
~~DIXIE PLAZA~~  
 DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 FL 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 \_\_\_\_\_ 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	P	<input type="checkbox"/> DELETE
NAME	TESSIER, IMMACULA	
STREET ADDRESS	13104 S.W. 25TH PLACE	
CITY-ST-ZIP	DAVIE FL 33325	
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	<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 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)(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 DATE: 7/25/99 (305) 354-2053

CR2E034 (5/99)