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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600005679 (3)

O.N.E.S. MEDICAL SERVICES, INC.

Principal Place of Business
36 COTE AVENUE

Mailing Address

36 COTE AVENUE

FILED May 12 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 10/31/1996	3a. Date	of Last R	eport	
2. Princ-pal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	pli e d For	
8 DELTA DRIVE UNIT A		26 8 DELTA DRIVE UNIT A			02-0453316		No	t Applicable	
Suite Apt.	# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 A		
City & State	9	City & State		·······	6. Election Campaign Financing		\$5.00	May Be	
	ONDERRY NH	28 LONDONDERR	Y NH		Trust Fund Contribution			Added to Fees	
7 ₁ D	Country	Zip	Country		8. This corporation has liability for i	intanoible ta	ax under s.	199.032.	
4 03053	3 25 USA	29 03053	30 USA	L		Yes 🗌			
11 99033	g. Name and Address of Curre		100,		10. Name and Address of New Re	gistered A	gent		
C T	CORPORATION SYSTEM		81	Name			3	****	
	SOUTH PINE ISLAND ROAD								
			62	Street Addre	ss (P.O. Box Number is Not Acceptab	ole)			
PLAI	NTATION FL 33324		83						
				City			0E 710 /	Code	
			84	City		FL	85 Zip (Joue	
agent. La SIGNATURE	ni familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statutes.		on's board of directors. I hereby accep				
	Signal we specify printed name of registerics a	gent and title if applicable (NO	TE Registered Agent	signature require	d when reinstating)	DATE			
		pert and title if applicable (NO ND DIRECTORS	TE Registered Agent	signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
12.				signature require	ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR Change		
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I. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.U7(3)(i), Florida Statutes. 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 attachmical with an address.

SIGNATURE

JAMES ROSENSTEEL

03/20/97

(603) 432-5626

Dayt me Ptione #