

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

FILED
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
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DOCUMENT # F96000005679 (3)
 1. Corporation Name
O.N.E.S. MEDICAL SERVICES, INC.



Principal Place of Business 36 COTE AVENUE GOFFSTOWN NH 03045	Mailing Address 36 COTE AVENUE GOFFSTOWN NH 03045-5261
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3. Date Incorporated or Qualified 10/31/1996	3a. Date of Last Report
4. FEI Number 02-0453316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8 DELTA DRIVE UNIT A Suite, Apt. #, etc.	2a. Mailing Address 26 8 DELTA DRIVE UNIT A Suite, Apt. #, etc.
22 City & State 23 LONDONDERRY NH	27 City & State 28 LONDONDERRY NH
24 Zip Country 03053 USA	29 Zip Country 03053 USA

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	
TITLE	PCT <input type="checkbox"/> DELETE
NAME	ROSENSTEEL, JIM
STREET ADDRESS	36 COTE AVENUE
CITY-ST-ZIP	GOFFSTOWN NH 03045
TITLE	WCS <input type="checkbox"/> DELETE
NAME	FRIDAY, PAUL
STREET ADDRESS	36 COTE AVENUE
CITY-ST-ZIP	GOFFSTOWN NH 03045
TITLE	D <input type="checkbox"/> DELETE
NAME	QUIMETTE, PETER
STREET ADDRESS	45 VILLAGE DRIVE
CITY-ST-ZIP	SANDWICH MA 02537
TITLE	D <input type="checkbox"/> DELETE
NAME	DANCY, LARRY
STREET ADDRESS	425 SOUTHLAKE BOULEVARD SUITE 2B
CITY-ST-ZIP	RICHMOND VA 23236
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PCT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSENSTEEL, JIM
1.3 STREET ADDRESS	8 DELTA DRIVE UNIT A
1.4 CITY-ST-ZIP	LONDONDERRY NH 03053
2.1 TITLE	WCS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRIDAY, PAUL
2.3 STREET ADDRESS	8 DELTA DRIVE UNIT A
2.4 CITY-ST-ZIP	LONDONDERRY NH 03053
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: *James Rosensteel* **JAMES ROSENSTEEL** 03/20/97 (603) 432-5626
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)