

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M10679**

(2)

1. Corporation Name
BACK AID SYSTEMS, INC.



Principal Place of Business
**1680 MICHIGAN AVE STE 1104
MIAMI BCH. FL 33139**

Mailing Address
**1680 MICHIGAN AVE STE 1104
MIAMI BCH. FL 33139**

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

3. Date of Incorporation or Qualified	3a. Date of Last Report
01/30/1985	05/01/1995
4. FEI Number	Applied For
65-0084700	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 has liability for intangible tax under s. 190.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**TRAUM, SYDNEY S.
12TH FL PONCE DE LEON PLAZA
201 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

81. Name	
82. Street Address (P.O. Box Numbers Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(4) and 607.15(1) of the 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. Thereby, accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.01(4) of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEHRMAN, DAVID G.	
STREET ADDRESS	1680 MICHIGAN AVE #1104	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEHRMAN, LINDA	
STREET ADDRESS	1680 MICHIGAN AVE #1104	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information provided on this change was being furnished and is true and correct. I further certify that the information indicated on this change was being furnished and is true and correct. I further certify that I am an officer or director of the corporation 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 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 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 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 and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: **DAVID G. LEHRMAN MD - DIRECTOR**

3/25/96

CR2E034 (12/95)