

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **M31863** (7)

1. Corporation Name  
**ALL AMERICAN MEDICAL SERVICES, INC.**

Principal Office Location: **4350 N.W. 19TH AVE. SUITE I POMPANO BEACH FL 33064**  
Mailing Address: **4350 N.W. 19TH AVE. SUITE I POMPANO BEACH FL 33064**

(Do not write in this space)

3. Date incorporated in Florida <b>05/12/1986</b>	3a. Date of Last Report <b>06/07/1994</b>
4. FEI Number <b>59-2686756</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status (Reserve) <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for admission tax under 218.04, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Business 21	2a. Mailing Address 26
3. State Agent Name 22	3a. State Agent # or 27
4. City & State 23	4a. City & State 28
5. County 24	5a. County 29
6. Latitude 25	6a. Latitude 30

9. Name and Address of Current Registered Agent <b>WENTZKA, DAVID 9875 N.W. 16TH STREET CORAL SPRINGS FL 33071</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
85. Zip Code	<b>FL</b>	85.	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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENTZKA, DAVID	2. NAME	
STREET ADDRESS	9875 NW 16TH ST.	3. STREET ADDRESS	
CITY & STATE	CORAL SPRINGS FL	4. CITY & STATE	
TITLE	VSD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENTZKA, PATRICIA	6. NAME	
STREET ADDRESS	9875 NW 16TH ST.	7. STREET ADDRESS	
CITY & STATE	CORAL SPRINGS FL	8. CITY & STATE	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and correct and equally for the corporation stated in law here. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature also bears the same in an official capacity with that corporation or on behalf of the corporation or the receipt of transfer or payment to make the report as required by law to be filed. Florida Statutes, and that my name appears on block 12 or 13 of this report or on an after report with an addition.

SIGNATURE: *Patricia Wentzka* 4/30/95 (505) 995-9009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR