

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

CORPORATION
- ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 2:15

DOCUMENT # P92000013841 (1)

1. Corporation Name

PAL-MED MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7150 WEST 20 AVE. 7150 WEST 20 AVE.
STE. #412 STE. #412
HALEAH FL 33016 HALEAH FL 33016
US US

3. Date Incorporated or Qualified 12/23/1992 3a. Date of Last Report 04/05/1994

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 65-0392778 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

M.Z. REGISTERED AGENT CORP.
% FINE, JACOBSON, SCHWARTZ, ETAL
100 SE 2ND ST 36TH FLOOR
MIAMI FL 33131

81 Name A.Z. Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHOER DRIVE, SUITE 1600
83 MIAMI FL 33131
84 City FL 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 duties and liabilities of a registered agent for the corporation.

SIGNATURE *Justin T. Wilson*

5/20/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BERG, ELLIOT
STREET ADDRESS 7100 W 20TH AVE #403
CITY, ST, ZIP HIALEAH FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE D
NAME GOLDMAN, EDWARD
STREET ADDRESS 7150 W 20TH AVE #412
CITY, ST, ZIP HIALEAH FL

21 TITLE Director
22 NAME NEIL KOREMAN, M.D. Change Addition
23 STREET ADDRESS 7150 WEST 20 AVE #412
24 CITY, ST, ZIP HIALEAH FL 33016

TITLE D
NAME FERNANDEZ, AURELIO
STREET ADDRESS 7150 W 20TH AVE #412
CITY, ST, ZIP HIALEAH FL

31 TITLE President, CEO
32 NAME SAMUEL G. TISCHLER Change Addition
33 STREET ADDRESS 7150 WEST 20 AVE #412
34 CITY, ST, ZIP HIALEAH FL 33016

TITLE D
NAME TUDANGER, EDWARD
STREET ADDRESS 2001 W 68TH ST
CITY, ST, ZIP HIALEAH FL 33016

41 TITLE Secretary
42 NAME GEORGE FAYER Change Addition
43 STREET ADDRESS 2001 WEST 68 STREET
44 CITY, ST, ZIP HIALEAH FL 33016

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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, its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Justin T. Wilson CEO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95

305-362-1986

REMITTED BY MAY 1