FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000028014 (6)**

1. Corporation Name

ATRON MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~9305 SW 77TH AVENUE STE. 1047 MIAMI FL 33156~~	~~9305 SW 77TH AVENUE STE. 1047 MIAMI FL 33156~~

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0481773 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 147 Alhambra circle	26 147 Alhambra circle
Suite, Apt. #, etc. 22 110	Suite, Apt. #, etc. 27 110
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33134 Country 25 U.S.A.	Zip 29 33134 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

YAO, ZHENWEI
~~9305 SW 77TH AVENUE STE. 1047~~ 147 Alhambra circle Suite 120
~~MIAMI FL 33156~~ Coral Gables FL 33134

10. Name and Address of New Registered Agent

81 Name: Yao, Zhenwei
82 Street Address (P.O. Box Number is Not Acceptable): 147 Alhambra Circle
83 Suite 120
City: Coral Gables FL 85 Zip Code: 33134

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	YAO, ZHENWEI		1.2 NAME	Zhenwei Yao	
STREET ADDRESS	~~9305 SW 77TH AVENUE STE. 1047~~		1.3 STREET ADDRESS	8760 S.W. 80 St	
CITY-ST-ZIP	~~MIAMI FL 33156~~		1.4 CITY-ST-ZIP	Miami FL 33173	
TITLE	V	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, MARTIN S		2.2 NAME		
STREET ADDRESS	8500 SW 92ND STREET STE. 204		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	RINCON, VICTOR P		3.2 NAME	Rincon, Victor P	
STREET ADDRESS	~~2325 WEST 68TH STREET STE. 204~~		3.3 STREET ADDRESS	13261 NW 10 Ter	
CITY-ST-ZIP	~~HIALEAH FL 33016~~		3.4 CITY-ST-ZIP	Miami, FL. 33182	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 Zhenwei Yao / Zhenwei Yao 5/9/96 305-569-0384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone Number