

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



~~PROFIT CORPORATION~~
ANNUAL REPORT
1996

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

DOCUMENT # P94000085335 (5)
1. Corporation Name
MEDCO OF HIALEAH, INC.
1995 Reinstatement

Principal Place of Business Mailing Address
1840 W 49TH ST SUITE 234 HIALEAH FL 33012
1840 W 49TH ST SUITE 234 HIALEAH FL 33012
10390 NW 135 ST Hialeah, Gdns, FL 33016

2. Principal Place of Business	2a. Mailing Address
21 440 E 25 ST	26 10390 NW 135 ST
22 Suite, Apt. #, etc. N/A	27 Suite, Apt. #, etc. N/A
23 City & State Hialeah	28 City & State Hialeah Gdns
24 Zip FL	29 Zip FL
25 Country 33013	30 Country 33016

3. Date Incorporated or Qualified 11/17/1994	3a. Date of Last Report 08/24/1995
4. FEI Number 65-0399707 APPLIED FOR	Applied For 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MILLER, BRYAN W JR
1840 W 49TH ST SUITE 234 HIALEAH FL 33012
10390 NW 135 ST Hialeah, Gdns, FL 33016

10. Name and Address of New Registered Agent
81 Name N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 *Bryan W. Miller, Jr.* *Bryan W. Miller* 6/24/96
Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required with reinstatement DATE

12. OFFICERS AND DIRECTORS

TITLE	D/EX UPIA	<input type="checkbox"/> DELETE
NAME	MILLER, BRYAN W JR	
STREET ADDRESS	1840 W 49TH ST SUITE 234	
CITY - ST - ZIP	HIALEAH FL 33012	
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	
21 TITLE	President/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Roger Gordon
23 STREET ADDRESS	14000 N. Miami Ave
24 CITY - ST - ZIP	Miami FL 33068
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	800002033178--3
43 STREET ADDRESS	-12/19/96--01006--011
44 CITY - ST - ZIP	****575.00 ****575.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	REINSTATEMENT 1996
53 STREET ADDRESS	<i>Bryan W. Miller</i>
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Bryan W. Miller, Jr.* 6/24/96 (305) 691-7070
Signature (typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (12/95)