

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED May 08 1997 8:00am Secretary of State

DOCUMENT # P95000037974 () IRVINN MEDICAL SERVICES INC.



13261 NW 10th TERR. Miami, FL, 33182

3. Date Incorporated or Qualified 5-10-95 3a. Date of Last Report 4. FEI Number 65-0580780 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

2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Country Zip 29 30

9. Name and Address of Current Registered Agent Victor P. Rincon. 13261 NW 10th TERR. Miami, FL, 33182

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

I, the undersigned, certify that the above named corporation submits this statement for the purpose of changing its 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

Table with 6 rows for OFFICERS AND DIRECTORS. Each row includes a checkbox for 'DELETE', a name field, and address fields (STREET ADDRESS, CITY-ST-ZIP).

Table with 6 rows for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997. Each row includes checkboxes for 'Change' and 'Addition', and fields for NAME, STREET ADDRESS, and CITY-ST-ZIP.

Handwritten signature and date: RW 5-8-97

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If the information supplied with this filing does not qualify for the exemption stated in Section 119.013(6), Florida Statutes, I further certify that the information in 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 will execute this report as required by Chapter 607, Florida Statutes, and that my name is not on Block 19 if changed, or on an attachment with an asterisk.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (305) 569-3007 Date Daytime Phone #