

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90142 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009871
 1. Corporation Name
C & M MEDICAL SYSTEMS, INC.

Principal Place of Business 7601 E TREASURE DRIVE #2116 N BAY VILLAGE FL 33141	Mailing Address 7601 E TREASURE DRIVE #2116 N BAY VILLAGE FL 33141
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1997		Applied For <input type="checkbox"/> Not Applicable	
21. Principal Place of Business 6555 NW 36 st.	2a. Mailing Address Same as 2.	4. FEI Number 65-0724793	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22. Suite, Apt. #, etc. 211	27. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
23. City & State Miami, FL	28. City & State		
24. Zip 33166 Country USA	29. Zip 30 Country		

9. Name and Address of Current Registered Agent MOREIRA, ALEXANDER M 7601 E TREASURE DRIVE #2116 N BAY VILLAGE FL 33141		10. Name and Address of New Registered Agent 81 Name Moreira, Alexander. 82 Street Address (P.O. Box Number is Not Acceptable) 6555 NW 36 st #211. 83 84 City Miami FL 85 Zip Code 33166	
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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 *[Signature]* DATE **01/20/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOREIRA, ALEXANDER M		1.2 NAME Moreira, Alexander.	
STREET ADDRESS 7601 E TREASURE DRIVE		1.3 STREET ADDRESS 6555 NW 36 st #211	
CITY-ST-ZIP N BAY VILLAGE FL 33141		1.4 CITY-ST-ZIP Miami FL 33166.	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **01/20/99** DAYTIME PHONE #: **305 871 2909**

CR2E034 (11/98)