

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **365895**

(2)

1. Corporation Name
MEDICAL BUSINESS SERVICE INC



Principal Place of Business 2511 PONCE DE LEON BOULEVARD 4TH FLOOR CORAL GABLES FL 33134 US	Mailing Address P.O. BOX 141011 CORAL GABLES FL 33114-1011 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/19/1970	3a. Date of Last Report 04/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 58-1106227	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERALD, THOMAS J 2511 PONCE DE LEON BOULEVARD 4TH FLOOR CORAL GABLES FL 33114		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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERALD, THOMAS J	1.2 NAME	
STREET ADDRESS	236 VALENCIA	1.3 STREET ADDRESS	2511 Ponce de Leon Blvd, 4th Floor
CITY-ST-ZIP	CORAL GABLES, FL 33134	1.4 CITY-ST-ZIP	P.O. Box 14-1011
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERALD, WILLIAM C	2.2 NAME	
STREET ADDRESS	236 VALENCIA	2.3 STREET ADDRESS	2511 Ponce de Leon Blvd, 4th Floor
CITY-ST-ZIP	CORAL GABLES, FL 33134	2.4 CITY-ST-ZIP	P.O. Box 14-1011
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERALD, JAMES P	3.2 NAME	
STREET ADDRESS	236 VALENCIA	3.3 STREET ADDRESS	2511 Ponce de Leon Blvd, 4th Floor
CITY-ST-ZIP	CORAL GABLES, FL 33134	3.4 CITY-ST-ZIP	P.O. Box 14-1011
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	Coral Gables, FL 33114-1011
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 do 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 on an attachment with an address.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 (305) 446-2378
Date Daytime Phone #