

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 # 392 935 (3)

1. Corporation Name

Miles Medisco K-M New Port Richey, FIA., Inc. (1734)



Principal Place of Business

Mailing Address

1005 US Hwy. 19 South
Newport Richey Fl 33552

933 MACARTHUR BLVD.
MAHWAH NJ 07430-2045

3. Date Incorporated or Qualified
12/20/1971

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
22-1945353

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ROBINSON, JOHN
933 MACARTHUR BLVD.
MAHWAH NJ

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STV
FALKOFF, MARTIN
933 MACARTHUR BLVD.
MAHWAH NJ

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AT
WEINFUSS, STEWART
933 MACARTHUR BLVD.
MAHWAH NJ

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AT
KAKAR, MANOHAR
933 MACARTHUR BLVD.
MAHWAH NJ

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PALIZZI, ANTHONY
3100 W. BIG BEAVER
TROY MI

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PALIZZI, ANTHONY
3100 W. BIG BEAVER
TROY MI

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Shepard, Jeffrey

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Wojno, Thomas

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

100001808341
05/06/96 01020-002
***200.00

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

S-196
10

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16 1996

(201) 934-2000

Date

Daytime Phone #

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 199.07(3)(k), 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.