FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # 662627 (9)

1. BLOCH MEDICAL SYSTEMS, INC.

Principal Place of Business
7361 NW 78TH ST
MIAMI FL 33166-9207

Mailing Address
7361 NW 78TH ST
MIAMI FL 33166-9207

3. Date of Incorporation: 05/15/1980
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-2019448
Applied For / Not Applicable

Suite, Apt. #
22

Suite, Apt. #
27

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

24 25 29 30

8. Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

BLOCH, NATHAN
7361 NW 78TH ST
MIAMI FL 33166-9207

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 Section 607.0505 and 607.1008, 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

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	BLOCH, NATHAN
STREET ADDRESS	8116 SW 81ST ST
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1.

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is substantially accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached amendment, or on an attached with an asterisk.

SIGNATURE: Nathan Bloch 4/27/95 305 884-4044
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR

0100047 CP