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NONPROFIT CORPORATION ANNUAL REPORT 1996



SIGNATURE: Renem RISCORD NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 733862

(7)

	ENCY MEDICAL ASSISTAN					
incipal Place o	of Business	Mailing Address				
OX 2228 WES	ST PALM BEACH	BOX 2228 WEST PALM	BEACH			
1 West Palm Beach Fl 33402 US		1 West Palm Beach Fl 33402 Us		3. Date Incorporated or Qualified 09/18/1975	3a. Date of Las 02/06/1	t Report 1 995
Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number		Applied For
Timorpai i ta	00 01 Baomer	26		51-0198610		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
Ĺ <u>. </u>		City P State		6. Election Campaign Financing		00 May Be
City & State		City & State		Trust Fund Contribution	1 1	ed to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under :	s. 199.032,
Lip	25	29	30		Yes Mo	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
RENAN, F			82 Street Add	dress (P.O. Box Number is Not Acceptab	ie)	
	ANUT ROW		83			··
PALM BE	ACH FL 33480					7in Code
			84 City		FL 85 7	Zip Code
Pursuant to	o the provisions of Sections 617.050 ed agent, or both, in the State of Flo th, and accept the obligations of Sec	02 and 617.1508, Florida Statu rida. Such change was authori ction 617.0503. Florida Statute	tes, the above-named corporated by the corporation's box	oration submits this statement for the pur ard of directors. I hereby accept the appr	ointment as registere	ed agent. I an
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GNATURE _	Signature, typed or printed name of registered age	THE GOOD CASE IN SPANISHED	OTE Registered Agent signature requir	red when renstating)	DATE ICERS AND DIRECT	ORS IN 12
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