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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003886 (9)

1. Corporation Name

EDUCATIONAL MEDICAL, INC.

Principal Place of Business

1327 NORTH MEADOW PARKWAY, #132  
ROSWELL GA 30076

Mailing Address

1327 NORTH MEADOW PARKWAY, #132  
ROSWELL GA 30076-3861

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

03/05/1996

4. FEI Number

65-0838445

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	KERBER, GARY S	
STREET ADDRESS	1327 NORTHMEADOW PARKWAY, #132	
CITY - ST - ZIP	ROSWELL GA 30076	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	PISANO, VINCE	
STREET ADDRESS	1327 NORTHMEADOW PARKWAY, #132	
CITY - ST - ZIP	ROSWELL GA 30076	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, MORRIS C	
STREET ADDRESS	222 LAKEVIEW AVENUE, SUITE 800	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KROON, RICHARD	
STREET ADDRESS	C/O 1327 NORTHMEADOW PARKWAY #132	
CITY - ST - ZIP	ROSWELL GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTMAN, CARL S	
STREET ADDRESS	C/O 1327 NORTHMEADOW PARKWAY, #132	
CITY - ST - ZIP	ROSWELL GA 30076	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRESCI, ROBERT J	
STREET ADDRESS	C/O 1327 NORTHMEADOW PARKWAY, #132	
CITY - ST - ZIP	ROSWELL GA 30076	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

770 475 9930

CR2E034 (9/96)