FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 23 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001522941
-06/26/95--01041--006
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F94000000926 (5)

1. Corporation Name

~~NES SOUTHEAST, INC.~~ NES MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
39 MAIN STREET TIBURON CA 94920	39 MAIN STREET TIBURON CA 94920

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3724 National Drive	26 3724 National Drive
Suite, Apt. #, etc. 22 Suite 109	Suite, Apt. #, etc. 27 Suite 109
City & State 23 Raleigh NC	City & State 28 Raleigh NC
Zip / Country 24 27612 / 25 Wake	Zip / Country 29 37612 / 30 Wake

4. FEI Number: 68-0318936 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	RAPPAPORT, ALLAN H	1.2 NAME	
STREET ADDRESS	39 MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIBURON CA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	V ☒ Change ☐ Addition
NAME	BILLING, MITCH	2.2 NAME	Mike Winner
STREET ADDRESS	39 MAIN STREET	2.3 STREET ADDRESS	3724 National Drive, Suite 109
CITY-ST-ZIP	TIBURON CA	2.4 CITY-ST-ZIP	Raleigh NC 27612
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	MARTIAL, SERGE	3.2 NAME	Will Warren
STREET ADDRESS	39 MAIN STREET	3.3 STREET ADDRESS	3724 National Drive, Suite 111
CITY-ST-ZIP	TIBURON CA	3.4 CITY-ST-ZIP	Raleigh NC 27612
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TS 6/22/95

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 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: Mike Winner, Vice President 5/18/95 (919) 510-5500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0401930 FP