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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9400000926 (5)

NES MEDICAL SERVICES, INC.

appears in Block 12 or Block 13

SIGNATURE:

Principal Place	of Business	Mailing Address	6					MAN MARKE MAKEL	<u>Aana ibnib ita</u>	
3724 NATIONAL DRIVE STE. 109 RALEIGH NC 37612		3724 NATIONAL	3724 NATIONAL DRIVE STE: 109 RALEIGH NC 27612-4878						11-	
						ľ	3. Date Incorporated or Qualified			eport
2. Principal Pl	ace of Business	2a. Mailing Add	ress			4. FEI Num		_ VII		plied For
	disc of Electricos	26					318936			t Applicable
Suite Apt. i	#. etc.	Suite, Apt. #	, etc.					f	\$8.75	
2		27				5. Certifical	te of Status Desired		Fee Re	equired
City & State)	City & State				6. Election	Campaign Financing		\$5.00	May Be
3	41 ha an	28				Trust Fur	nd Contribution		Added	to Fees
Z _i p	Country	Zip	}	Country	′		poration has liability fo			. 199.032,
<u> </u>	25	29		30		Florida S	itatutes nd Address of New R] No	
	9. Name and Address of C	ntieut negistered Agent		81	Name	IV. Mallie a	NO ACCUSES OF 146W IN	agisterau i	Agent.	
	CORPORATION SYSTEM	••								
	SOUTH PINE ISLAND RO	AD		82	Street A	Address (P.O. Box N	lumber is Not Accepta	able)		
PLA	NTATION FL 33324			83						
							·			
				84	City	. ?		FL	85 Zip	Code
(4 Dure tact)	to the provisions of Sections 60	7.0602 and 607.1508. Flor	ida Statuto	e the show	a.namad	corporation submits	this statement for the		chenging i	e renietera
office or re	to the provisions of Sections 60' egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such cha	nge was a	uthorized by	the corp	oration's board of c	lirectors. I hereby acc	ept the app	ointment as	registered
agent, Lar	m familiar with, and accept the i	obligations of Section 607	7.0505, Flo	rida Statutes	S.					
angle (Inc.)										
IGNATURE						secured when reineration		DATE	المخاصد	<u> </u>
IGNATURE .	Signature Typict or pointed name of register	red agent and title if applicable		Registered Age		required when reinstative)	NS/CHANGES TO OFF	DATE	DIRECTOR	RS IN 12
IGNATURE	Signature, typicd or printed name of register OFFICER	red agent and title if applicable	(NOTE				NS/CHANGES TO OFF		DIRECTOR	
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