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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000296 (1)**

1. Corporation Name

**AMERICAN ACADEMY OF WORKERS COMPENSATION SPECIAL
ISTS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 3599
HUNTINGTON BEACH CA 92605

P.O. BOX 3599
HUNTINGTON BEACH CA 92605-3599



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 01/18/1986	3a. Date of Last Report
4. FEI Number 33-0311438	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILBERT, RONALD MD
1413 PINETREE CR.
WIMAUMA FL 22598**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	Director Managing/Pres. X
NAME	GILBERT, RONALD MD	1.2 NAME	R.G.
STREET ADDRESS	1413 PINETREE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL 22598	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	D/S
NAME	EVANS, GLORIA	2.2 NAME	Adrian Lawler
STREET ADDRESS	1413 PINETREE	2.3 STREET ADDRESS	3488 Arthur St. (3423)
CITY-ST-ZIP	WIMAUMA FL 22598	2.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		3.1 TITLE	
NAME		3.2 NAME	Craig Joseph M.D.
STREET ADDRESS		3.3 STREET ADDRESS	3862 Sirilus Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Huntington Beach, Ca. 92649
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078844

CR2E037 (9/96)