

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 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G38629** (3)

1. Corporation Name
INTERSTATE MEDICAL CORPORATION

Principal Place of Business Mailing Address
% PETER FRANCIS GOETZ **% PETER FRANCIS GOETZ**
1407 ARTHUR AVENUE **1407 ARTHUR AVENUE**
ORLANDO FL 32804 **ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/16/1983** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2375764		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		29	
Zip		Country		Zip		Country	
25		30		25		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOETZ, PETER FRANCIS 1407 ARTHUR AVENUE ORLANDO FL 32804				b1 Name			
				b2 Street Address (P.O. Box Number is Not Acceptable)			
				b3			
				b4 City			
				b5 Zip Code			
				FL			

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 607.0509, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and typed address) _____ (Signature typed or printed name of registered agent and typed address) _____ (Signature typed or printed name of registered agent and typed address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOETZ, PETER FRANCIS	2. NAME	
STREET ADDRESS	1407 ARTHUR AVENUE	3. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	4. CITY, ST, ZIP	
TITLE	S	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOETZ, RAE	6. NAME	
STREET ADDRESS	1407 ARTHUR AVENUE	7. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

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)(b), 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 as an attachment with an address.

SIGNATURE: *Peter Francis Goetz* *Peter Goetz* 5/1/95 (40) 291-0170
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR