

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K26246** (4)

1. Corporation Name
VASOCOR, INC.



Principal Place of Business: **4001 NW 97TH AVE. SUITE 101 MIAMI FL 33178**
Mailing Address: **4001 NW 97TH AVE. SUITE 101 MIAMI FL 33178**

3. Date Incorporated or Qualified: **06/10/1988**
3a. Date of Last Report: **07/31/1995**
4. FEI Number: **65-0095879**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **MILLER, EDWARD D. 4001 NORTHWEST 97TH AVENUE #101 MIAMI FL 33178**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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: **Edward D. Miller, Pres.** *Edward D. Miller, Pres* 3/11/96
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: D/P/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILLER, EDWARD D.		12 NAME: Miller, Edward D.	
STREET ADDRESS: 4001 NW 97TH AVE 101		13 STREET ADDRESS: 4001 N.W. 97 Ave. Ste. 101	
CITY-ST-ZIP: MIAMI FL		14 CITY-ST-ZIP: Miami, FL 33178	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SAMUELS, JUDITH A		22 NAME: Ferrell, MD, R. Ernest	
STREET ADDRESS: 4001 NW 97TH AVE 101		23 STREET ADDRESS: 10151 Deerwood Park Blvd. Ste.100	
CITY-ST-ZIP: MIAMI FL		24 CITY-ST-ZIP: Jacksonville, FL 32256	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: D/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: POLLAY, RICHARD L		32 NAME: Koegler, Steven C.	
STREET ADDRESS: 4001 N.W. 97 AVE. #101		33 STREET ADDRESS: 10151 Deerwood Park Blvd. Ste.100	
CITY-ST-ZIP: MIAMI FL		34 CITY-ST-ZIP: Jacksonville, FL 32256	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KARLIN, GARY L		4.2 NAME:	
STREET ADDRESS: 4001 NW 97TH AVE 101		4.3 STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		4.4 CITY-ST-ZIP:	
TITLE: VST	<input checked="" type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOREY, ALAN R		5.2 NAME:	
STREET ADDRESS: 4001 NW 97TH AVE 101		5.3 STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		5.4 CITY-ST-ZIP:	
TITLE: CEO	<input checked="" type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILLER, EDWARD D.		6.2 NAME:	
STREET ADDRESS: 4001 NW 97TH AVE 101		6.3 STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		6.4 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)(k), 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: **Edward D. Miller, Pres.** *Edward D. Miller, Pres* 3/11/96 (305)592-7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)