

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, EDWARD D.
4001 NORTHWEST 97TH AVENUE
#101
MIAMI FL 33178

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 Edward D. Miller, Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/11/96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MILLER, EDWARD D.
STREET ADDRESS 4001 NW 97TH AVE 101
CITY-STATE-ZIP MIAMI FL

DELETE

1.1 TITLE D/P/COO
1.2 NAME Miller, Edward D.
1.3 STREET ADDRESS 4001 N.W. 97 Ave. Ste. 101
1.4 CITY-STATE-ZIP Miami, FL 33178

Change Addition

TITLE D
NAME SAMUELS, JUDITH A
STREET ADDRESS 4001 NW 97TH AVE 101
CITY-STATE-ZIP MIAMI FL

DELETE

2.1 TITLE D/CEO
2.2 NAME Ferrell, MD, R. Ernest
2.3 STREET ADDRESS 10151 Deerwood Park Blvd. Ste. 100
2.4 CITY-STATE-ZIP Jacksonville, FL 32256

Change Addition

TITLE D
NAME POLLAY, RICHARD L
STREET ADDRESS 4001 N.W. 97 AVE. #101
CITY-STATE-ZIP MIAMI FL

DELETE

3.1 TITLE D/CFO
3.2 NAME Koegler, Steven C.
3.3 STREET ADDRESS 10151 Deerwood Park Blvd. Ste. 100
3.4 CITY-STATE-ZIP Jacksonville, FL 32256

Change Addition

TITLE D
NAME KARLIN, GARY L
STREET ADDRESS 4001 NW 97TH AVE 101
CITY-STATE-ZIP MIAMI FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

TITLE VST
NAME MOREY, ALAN R
STREET ADDRESS 4001 NW 97TH AVE 101
CITY-STATE-ZIP MIAMI FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

TITLE CEO
NAME MILLER, EDWARD D.
STREET ADDRESS 4001 NW 97TH AVE 101
CITY-STATE-ZIP MIAMI FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward D. Miller, Pres

3/11/96 (305) 592-7260

Date

Daytime Phone #

CR2E034 (12/95)