

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/10/1988</b>		4. FEI Number <b>65-0095979</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
29		30			

9. Name and Address of Current Registered Agent <b>MILLER, EDWARD D</b> <b>4001 NORTHWEST 97TH AVENUE</b> <b>#101</b> <b>MIAMI FL 33178</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0507 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPCO <input type="checkbox"/> DELETE	1.1 TITLE	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EDWARD D	1.2 NAME	MILLER, EDWARD D
STREET ADDRESS	4001 NW 97TH AVE 101	1.3 STREET ADDRESS	4001 NW 97th Ave 101
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33178
TITLE	DCEO <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, R. ERNEST MD	2.2 NAME	FERRELL, R. ERNEST MD
STREET ADDRESS	10151 DEERWOOD PARK BLVD STE 100	2.3 STREET ADDRESS	4555 EMERSON EXPWY #220
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32207
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	POLLAY, RICHARD L	3.2 NAME	
STREET ADDRESS	4001 N.W. 97 AVE. #101	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLIN, GARY	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	DCFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEGLER, STEVEN C	5.2 NAME	
STREET ADDRESS	10151 DEERWOOD PARK BLVD STE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 EDWARD D. MILLER Feb. 11, 1998 3055927260

CR2E034 (10/97)