

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90037 015 ***158.75

02-40561

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K26246

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

2. Principal Place of Business 21 7705 N.W. 48 Street Suite, Apt. #, etc. 22 #120 City & State 23 Miami Florida Zip Country 24 33166 25 USA	2a. Mailing Address 26 7705 N.W. 48 Street Suite, Apt. #, etc. 27 #120 City & State 28 Miami Florida Zip Country 29 33166 30 USA
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3. Date Incorporated or Qualified 06/10/1988	4. FEI Number 65-0095979	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 Name Edward D. Miller
82 Street Address (P.O. Box Number is Not Acceptable) 7705 N.W. 48 Street
83 #120
84 City Miami
85 Zip Code FL 33166

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* **EDWARD D. MILLER** 1/4/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO <input type="checkbox"/> DELETE
NAME	MILLER, EDWARD D
STREET ADDRESS	4001 NW 97TH AVE 101
CITY-ST-ZIP	MIAMI FL 33178
TITLE	D <input type="checkbox"/> DELETE
NAME	FERRELL, R. ERNEST MD
STREET ADDRESS	10151 DEERWOOD PARK BLVD STE 100
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D <input type="checkbox"/> DELETE
NAME	POLLAY, RICHARD L
STREET ADDRESS	4001 N.W. 97 AVE. #101
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KARLIN, GARY
STREET ADDRESS	4001 NW 97TH AVE 101
CITY-ST-ZIP	MIAMI FL
TITLE	DCFO <input checked="" type="checkbox"/> DELETE
NAME	KOEGLER, STEVEN C
STREET ADDRESS	10151 DEERWOOD PARK BLVD STE 100
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILLER, EDWARD D
1.3 STREET ADDRESS	7705 NW 48th Street #120
1.4 CITY-ST-ZIP	Miami, FL 33166
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FERRELL, R. ERNEST MD
2.3 STREET ADDRESS	4555 Emerson Expway #220
2.4 CITY-ST-ZIP	Jacksonville FL 32207
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POLLAY, RICHARD L
3.3 STREET ADDRESS	7705 NW 48 Street #120
3.4 CITY-ST-ZIP	Miami, FL 33166
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KARLIN, GARY
4.3 STREET ADDRESS	7705 NW 48 Street #120
4.4 CITY-ST-ZIP	Miami, FL 33166
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FEY, CHRISTOPHER T
6.3 STREET ADDRESS	7705 NW 48 Street #120
6.4 CITY-ST-ZIP	Miami, FL 33166

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, with all other like empowered.

SIGNATURE: *Edward D. Miller* **EDWARD D. MILLER** 1/4/99 (305)592-7260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)