FILE NOW: FILING FEE AFTER MAY 1 IS225.00

CORPORATION ANNUAL REPORT **1995**

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:12

DOCUMENT # **K33600** **(3)**

1. Corporation Name
DIVERSIFIED MEDICAL SURGICAL SPECIALTIES, INC.

Principal Place of Business	Mailing Address
2785 GARDEN DR COOPER CITY FL 33026-3605	2785 GARDEN DR COOPER CITY FL 33026-3605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/21/1988**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **59-2909850** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NADEL, RONALD
2785 GARDEN DR.
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 ne
82 at Address (P.O. Box Number is Not Acceptable)
83
84 Ci **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 corporate 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 _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NADEL, RONALD	12 NAME	
STREET ADDRESS	2785 GARDEN DR	13 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate and that my/our 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 an agent executing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an asterisk.

SIGNATURE: _____ 2-10-95 305-437-3017
TYPE OR PRINT NAME AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR (Date) (Daytime Phone #)

0000465 CP