

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

FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L56560

(0)

1. Corporation Name:
MEDICAL TECH. SERVICES, INC.



Principal Place of Business

% CAMILLA ARNS
720 VIA MILANO
APOPKA FL 32712

Mailing Address

% CAMILLA ARNS
720 VIA MILANO
APOPKA FL 32712-3191

3. Date Incorporated or Qualified
03/07/1990

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 404 SUMMIT RIDGE PLACE

2a. Mailing Address

26 404 SUMMIT RIDGE PLACE

Suite, Apt. #, etc.

22 APT 110

Suite, Apt. #, etc.

27 APT 110

City & State

23 LONGWOOD FL

City & State

28 LONGWOOD FL

Zip

24 32779

Country

25 USA

Zip

29 32779

Country

30 USA

4. FEI Number

59-3003569

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

ARNES, CAMILLA
720 VIA MILANO
APOPKA 32712

10. Name and Address of New Registered Agent

81 Name

MICHAEL CALLAGHAN

82

Street Address (P.O. Box Number is Not Acceptable)

404 SUMMIT RIDGE PLACE

83

APT 110

84

City
LONGWOOD

FL

85

Zip Code
32779

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

Michael Callaghan Pres.

MICHAEL CALLAGHAN

1-8-97

Signature, typed or printed name and office title of officer or director.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ARNES, CAMILLA	
STREET ADDRESS	720 VIA MILANO	
CITY-ST-ZIP	APOPKA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CALLAGHAN	
STREET ADDRESS	720 VIA MILANO	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL CALLAGHAN	
1.3 STREET ADDRESS	404 SUMMIT RIDGE PLACE APT 110	
1.4 CITY-ST-ZIP	LONGWOOD FL 32779	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE: Michael Callaghan Pres. MICHAEL CALLAGHAN PRES 1-8-97 404-774-7245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0083634

CR2E034 (9/96)