

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL 26 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *D12317*  
1. Corporation Name  
*USA HEALTHCARE CORPORATION*

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <i>5565 STERRETT PL.</i>		26 <i>(SAME)</i>		12/11/1986		1/25/94	
22 Suite, Apt. #, etc <i>SUITE 200</i>		27 Suite, Apt. #, etc		4. FFI Number <i>67-6408859</i>		Applied For Not Applicable	
23 City & State <i>COLUMBIA, MD</i>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip <i>21044</i>		25 Country <i>HEWARD</i>		29 Zip		30 Country	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<i>CT CORPORATION 1200 S. LANGFORD PARKWAY BETHESDA, MD 20814</i>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<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 \_\_\_\_\_  
Registered Agent, a permitted officer, a permitted agent, and the corporation's Secretary      Registered Agent or permitted registered agent (transferee)      (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>CEO/VICE PRESIDENT/DIRECTOR WILLIAM C. DUNN 5565 STERRETT PLACE, # 200 COLUMBIA, MD 21044</i>	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<i>ADVISORY SECRETARIE REPRESENTATIVE DANA M. WIFE 1200 S. LANGFORD PARKWAY, # 200 BETHESDA, MD 20814</i>
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>VICE PRESIDENT WILLIAM C. DUNN 5565 STERRETT PLACE, # 200 COLUMBIA, MD 21044</i>	2. TITLE 3. NAME 4. STREET ADDRESS 5. CITY, ST, ZIP	<i>SECRETARY VICE PRESIDENT N. JIM WILSON 1200 S. LANGFORD PARKWAY, # 200 COLUMBIA, MD 21044</i>
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>VICE PRESIDENT/DIRECTOR KEVIN S. WILSON 5565 STERRETT PLACE, # 200 COLUMBIA, MD 21044</i>	3. TITLE 4. NAME 5. STREET ADDRESS 6. CITY, ST, ZIP	<i>VICE PRESIDENT VICE PRESIDENT WILLIAM A. WILSON 5565 STERRETT PLACE, # 200 COLUMBIA, MD 21044</i>
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>VICE PRESIDENT KEVIN S. WILSON 5565 STERRETT PLACE, # 200 COLUMBIA, MD 21044</i>	4. TITLE 5. NAME 6. STREET ADDRESS 7. CITY, ST, ZIP	
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>VICE PRESIDENT WILLIAM A. WILSON 5565 STERRETT PLACE, # 200 COLUMBIA, MD 21044</i>	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>VICE PRESIDENT WILLIAM A. WILSON 5565 STERRETT PLACE, # 200 COLUMBIA, MD 21044</i>	6. TITLE 7. NAME 8. STREET ADDRESS 9. CITY, ST, ZIP	

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*LW*

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and correct, for the reasons stated in law in the Florida Statutes. I further certify that the information included on this annual report is true and correct, for the reasons stated in law in the Florida Statutes, 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 its secretary, and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing of this report as an officer, director, or secretary of the corporation.

SIGNATURE: *Ken Wilson*      7/3/95      416 914-2811  
Signature      Date      Telephone Number

*WILLIAM A. WILSON, SECRETARY AND TREASURER*