

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

**APPROVED  
AND  
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**95 APR 20 AM 11:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P23993 (9)**

1. Corporation Name  
**WMI MEDICAL SERVICES OF FLORIDA, INC.**

Principal Place of Business <b>ATTN: BARBARA L. BIER 3003 BUTTERFIELD RD OAK BROOK IL 60521 US</b>	Mailing Address <b>C/O WASTE MANAGEMENT INCO 3003 BUTTERFIELD RD OAK BROOK IL 60521 US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>04/20/1989</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>36-3642578</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 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 \_\_\_\_\_ (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	<b>PD</b>
NAME	<b>O'CONNOR, JAMES E</b>
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>
CITY - ST - ZIP	<b>OAK BROOK, IL IL 60521</b>
TITLE	<b>VPD</b>
NAME	<b>STEVEN D. FERGUSON</b>
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>
CITY - ST - ZIP	<b>OAK BROOK, IL IL 60521</b>
TITLE	<b>SD</b>
NAME	<b>JOHN J. RAY III</b>
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>
CITY - ST - ZIP	<b>OAK BROOK, IL IL 60521</b>
TITLE	<b>T</b>
NAME	<b>STEVEN D. FERGUSON</b>
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>
CITY - ST - ZIP	<b>OAK BROOK, IL IL 60521</b>
TITLE	<b>AS</b>
NAME	<b>BARBARA L. BIER</b>
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>
CITY - ST - ZIP	<b>OAK BROOK, IL IL 60521</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Barbara L. Bier 708/572-8841  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (this) (day) (month) (year)  
**Barbara L. Bier, Assistant Secretary**