

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P23993** (9)

1. Corporation Name

WMI MEDICAL SERVICES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

ATTN: BARBARA L. BIER
3003 BUTTERFIELD RD
OAK BROOK IL 60521
US

C/O WASTE MANAGEMENT INCO
3003 BUTTERFIELD RD
OAK BROOK IL 60521
US

3. Date Incorporated or Qualified
04/20/1989

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
36-3642578

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

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

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 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 in block 9, and date of signature.

Typed or printed name of registered agent in block 10, and date of signature.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'CONNOR, JAMES E	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK, IL IL 60521	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STEVEN D. FERGUSON	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK, IL IL 60521	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHN J. RAY III	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK, IL IL 60521	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STEVEN D. FERGUSON	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK, IL IL 60521	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BARBARA L. BIER	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK, IL IL 60521	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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***200.00

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 119.07(3)(k), 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* *Barbara L. Bier, Assistant Secretary* 4/2/96 708/572-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SG 4-9-96

CR2E034 (12/95)