

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 10, if applicable

11/01/95 Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

O'CONNOR, JAMES E
3003 BUTTERFIELD RD.
OAK BROOK, IL IL 60521

STREET ADDRESS

CITY - ST - ZIP

TITLE

VPD

☐ DELETE

NAME

STEVEN D. FERGUSON
3003 BUTTERFIELD RD.
OAK BROOK, IL IL 60521

STREET ADDRESS

CITY - ST - ZIP

TITLE

SD

☒ DELETE

NAME

JOHN J. RAY III
3003 BUTTERFIELD RD.
OAK BROOK, IL IL 60521

STREET ADDRESS

CITY - ST - ZIP

TITLE

T

☐ DELETE

NAME

STEVEN D. FERGUSON
3003 BUTTERFIELD RD.
OAK BROOK, IL IL 60521

STREET ADDRESS

CITY - ST - ZIP

TITLE

AS

☐ DELETE

NAME

BARBARA L. BIER
3003 BUTTERFIELD RD.
OAK BROOK, IL IL 60521

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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, Assistant Secretary, 4/2/96 708/572-8841
SG 4-9-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)