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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	DIVISION OF	CORPORATIONS				
	MENT # <b>P920</b>	00007766 (8	3)				
	NETWORKS, INC.						
Principal Place	of Business	Mailing Address	·		{	<b>                                    </b>	0011 (7070 D/HD 0111 (80)
C/O LARRY LAMDSMAN M.D.		C/O LARRY LAMDSMAN M.D.					
6262 SUNSE MIAMI FL 33		6262 SUNSET DR. Miami Fl 33143					
		WILLIAM IE SOLING			3. Date Incorporated or Qualified 11/16/1992	3a. Date of ∩4/0	Last Report 03/1995
2. Principal Pla	ace of Business	2a. Mailing Address	· •		4. FEI Number	J	Applied For
≥1		26			65-0467117		Not Applicable
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional
City & State		City & State			6. Election Campaign Financing		Fee Required
23		28			Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i		nder s 199.032,
4	25 9. Name and Address of Curr	29 zont Pogistored Agent	[30]		,	□No	
	g, Hame and Address of Coll	rem negistered Agent	81 Na	 me	10. Name and Address of New R	egistereo Age	#TH
LARRY I	LANDSMAN		<u> </u>		ess (P.O. Box Number is Not Acceptab	IcA	
6262 SUNSET DRIVE #508			82 Street Ad		955 (r. O. DOX NUMBER IS NOT ACCEPTED	nc:J	
SUITE 3	- • •		83				
MIAMI F	L 33143		<b>B4</b> Cit	 V		8	35 Zip Code
11 Pursuant to	the provisions of Sections 607.05	502 and 607 1508 Florida Statute	as the shows name	•	there are broken the ataloguest for the pre-	FL	
11. Pursuant to or registere	o the provisions of Sections 607.05 and agent, or both, in the State of Fi	502 and 607.1508, Florida Stalute lorida. Such change was authorize	es, the above name ed by the corporation	•	ation submits this statement for the pur d of directors. Thereby accept the appo		ng its registered office istered agent. I am
tarniliar Wit	o the provisions of Sections 607.05 ad agent, or both, in the State of Fi h, and accept the obligations of, Se	502 and 607.1508. Florida Stalute lorida. Such change was authorize ection 607.0505, Florida Stalutes.	es, the above name ed by the corporation	•	ation submits this statement for the pur d of directors. Thereby accept the appo		ng its registered office islered agent. I am
tamiliar wit SIGNATURE	n, and accept the obligations of, Se Signature, typed or printed har is of registered a	ection 607,0505, Florida Statutes.	es, the above name ed by the corporation	d corpora ori's board			ng its registered office istered agent. I am
signature 12.	n, and accept the obligations of, So Signature, typed or printed number of registered at OFFICE RS A	ection 607.0505, Florida Statutes.  graf and fit of applicable (N2)  AND DIRECTORS	Tt. Registered Apent squa	d corpora ori's board		pose of changing postering of the change of the contract of th	RECTORS IN 12
SIGNATURE  12.	Signature, typed or priviled marks of registerest a OFFICE AS A	ection 607,0505, Florida Statutes.	11. Registered April signal 13.	d corpora ori's board	stach moderny	pose of changing postering of the change of the contract of th	<u> </u>
SIGNATURE  12. TITLE	Signature, typed or printed manife of registered a OFFICE RS A D LANDSMAN, LARRY MD	ection 607.0505, Florida Statutes.  graf and fit of applicable (N2)  AND DIRECTORS	11. Hegestered Apent Septe 13. 1. 1 Till F	d corpora on's board tunnequired	stach moderny	pose of changing postering of the change of the contract of th	RECTORS IN 12
TATMINAT WILL SIGNATURE  12.  TITLE NAME STREET ADDRESS	Signature, typed or priviled marks of registerest a OFFICE AS A	ection 607.0505, Florida Statutes.  graf and fit of applicable (N2)  AND DIRECTORS	11 Fegestered Apent segre  13. 1.1 Titls 12 NAME 1.3 STREET ADDR	d corpora on's board tunnequired	stach moderny	pose of changing postering of the change of the contract of th	RECTORS IN 12
TATTILIAN WILL SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed maris: of registered a OFFICE RS A  D  LANDSMAN, LARRY MD  6262 SUNSET DR.	ection 607.0505, Florida Statutes.  graf and fit of applicable (N2)  AND DIRECTORS	11. Hegestered Apent Septe 13. 1. 1 Till F	d corpora on's board tunnequired	stach moderny	pose of changing postering of the change of the contract of th	RECTORS IN 12 hange
TEATHIRE WILL SIGNATURE  12. THEE NAME SIRELI ADDRESS CHY-SI-ZIP	Signature, typed or printed maris: of registered a OFFICE RS A  D  LANDSMAN, LARRY MD  6262 SUNSET DR.	ection 607.0505, Florida Statutes.  gent and fire 4 applicable	11. Hegestered Apent septe.  13. 1. 1 Till F 2 NAM: 1.3 STREET ADOR 1.4 CITY - ST- ZIP	d corpora on's board tunnequired	stach moderny	pose of changing intraent as reg	RECTORS IN 12 hange
TATHING WILL SIGNATURE  12. THEE NAME SIRELI ADDRESS CHY-SI-ZIP HILL NAME SHEELI ADDRESS	Signature, typed or printed maris: of registered a OFFICE RS A  D  LANDSMAN, LARRY MD  6262 SUNSET DR.	ection 607.0505, Florida Statutes.  gent and fire 4 applicable	11. Hegestered Agent segs.  13. 1.1 Till F 12 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TILLE	d corporation's board	stach moderny	pose of changing intraent as reg	RECTORS IN 12 hange
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TATHING WILL SIGNATURE  112. TITLE NAME SIRELI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed maris: of registered a OFFICE RS A  D  LANDSMAN, LARRY MD  6262 SUNSET DR.	ection 607.0505, Florida Statutes.  gent auch treed aggit cable (NS)  AND DIRECTORS  DELETE	13. 1.1 Till F	d corporation's board	stach moderny	pose of changing intraent as reg	RECTORS IN 12  Thange Addition  Thange Addition
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certing 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:

4/1/96 (305) 667-783