FILE NOW: FILING FEE AFTER MAY 1 ~~IS $550~~.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 NOV 10 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

DOCUMENT # P92000008582 (8)

1. Corporation Name
PROGRESSIVE MEDICAL SERVICES, INC.

Principal Place of Business
7545 W. 24 AVE
HIALEAH FL 33016

Mailing Address
7545 W. 24 AVE
HIALEAH FL 33016-6515

3. Date Incorporated or Qualified: **02/02/1992**
3a. Date of Last Report: **06/24/1996**
4. FEI Number: **65-0414042** — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — **$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 [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
WARNER, KENNETH
7545 W 24 AVE
HIALEAH FL 33016

10. Name and Address of New Registered Agent
81 Name: LAPON, RAFAEL
82 Street Address (P.O. Box Number is Not Acceptable): 7545 W. 24 AVENUE
83
84 City: HIALEAH FL 33016

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****758.75 ****758.75

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] RAFAEL LAPON DATE 11.05.97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	LAPON, RAFAEL A	
STREET ADDRESS	19701 W OAKMONT DR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DS	[X] DELETE
NAME	WARNER, KENNETH	
STREET ADDRESS	8184 N.W. 201 TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	[X] DELETE
NAME	OSORIO, ESTHER	
STREET ADDRESS	18979 N.W. 63 CT CIRCLE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
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	DS	[ ] Change [X] Addition
1.2 NAME	LAPON, NYDIA E.	
1.3 STREET ADDRESS	19701 W. OAKMONT DRIVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33015	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 [signature] 10/... 305-...