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

**CORPORATION** ANNUAL REPORT



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

1996

SIGNATURE:

P93000020144 (0)

DOCUMENT #
1. Corporation Name EVDDECC MEDICAL TRANSCORDEDG

EAFRESS MEDICAL I HANSCHIBERS, INC.														
Principal Place of Business Mailing Address									III <b>va</b> iri <b>v</b> ai			I KANIL BURU		
15480 SW 59TH STREET MIAMI FL 33193		15480 SW 59TH STREET MIAMI FL 33193												
								<ol> <li>Date Incorporated or Quality</li> <li>03/12/1993</li> </ol>	fied 3		of Last )4/24/	1995		
2. Principal P	ace of Business	<u> </u>	2a. Mailing Address					4. FEI Number			Ĺ	Applied	d For	
Suite, Apt.	# etc	26	<del></del>				65-0401051					oplicable		
22		27					5. Certificate of Status Desired	<b>5</b> C	\$8.75 Additional Fee Required					
City & State	3	<del></del>	City & State				-	<ol><li>Election Campaign Financia Trust Fund Contribution</li></ol>	<sup>19</sup> $\Box$	1		.00 May		
Zip Country			Zip Co			,	mast rand contribution			Added to Fees				
24			30		, ,			8. This corporation has liability for intangible tax und Florida Statutes Yes \(\begin{array}{c}\text{No}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			x under	der s 199.032,		
	9. Name and Address of C	urrent Regist	ered Agent		T		1	10. Name and Address of No			Agent			
[					81	Name	-							
VILA, DEBORAH K 15480 SW 59TH STREET					B2 Street Address (F			(P.O. Box Number is Not Acce	ptable)			····		
	SW 3918 STREET FL 33193				83									
***************************************					L.									
					84	City				FL	1 1	Zip Code		
<ol> <li>Pursuant to or register</li> </ol>	to the provisions of Sections 607 ed agent, or both, in the State of the applications of	.0502 and 607	.1508, Florida Statute	es, the ab	0040-1	named corp	oration	n submits this statement for the	purpose		nging it:	s register	ed office	
familiär wi	th, and accept the obligations of	Section 607.0	505, Florida Statutes.		СОГР	oration s bo	Jaru or	orectors. I hereby accept the	appointm	ient as i	registere	ed agent.	. I am	
SIGNATURE.	Signature typed or printed name of registere	d coool our file it -			<del></del> .									
12.		S AND DIRECT		It: Registere		l signature requi	ired when			DATE	DIDEO			
TITLE				TITLE			ADDITIONS/CHANGES TO	OFFICER		) Change		12 Addition		
NAME	VILA, DEBORAH K				NAME					<u> </u>	J Unange	, L,	Notition	
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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 cath; 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 13 if changed, or on an attachment with an address.

President