FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P93000028176 (4)

R E B MEDICAL MANAGEMENT, INC.

FILED

Jan 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Address		Mailing Address	1136 SE 3RD AVE.			T TO DESIGN SHE SHEND SHEND WHILE WH			
		1136 SE 3RD AVE.							
								ate of Last 24/1996	of Last Report
		<u></u>			4. FEI Number 65-0403476		Applied For Not Applicable \$8.75 Additional Fee Required		
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
				Election Campaign Financing Trust Fund Contribution					
Ζιρ 24	Country 25	Z(p	Co.	intry	1	8. This corporation has liability for Florida Statutes	ntangible Yes [s. 199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered	Agent	
	UNS, RICK			81	Name				
1136 SE 3RD AVE. FT. LAUDERDALE FL 33316			82	Street Add	idress (P.O. Box Number is Not Acceptable)				
• • •				83		**************************************			
	,			84	City			85 Zi	p Code
				<u> </u>		poration submits this statement for the pation's board of directors. I hereby acce	<u>FL</u>	.	
agent. I a	am familiar with, and accept the ob	ligations of, Section 607.0505, f	lorida Sta	tutes	5.	uired when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12
TITLE	PCEO	DELETE	111	TLE				Change	e Addition
NAME	BRUNS, RICK E.		1.2 N	AME					
STREET ADDRESS			1.3 \$	TREET	ADDRESS				
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STREET ADORESS					ADORESS	· .			
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NAM {			3.2 N	AMÉ					
STREE* ADDRESS					r Address				
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NAME		LJ OLLCIL	1	NAME)			C Chally	, LI AUGINOI
STREET ADDRESS					r ADDRESS				
City - \$1 - Zip					ST - ZIP				
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CITY-ST-ZIP			4		ST - ZIP				
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14. If do hereby certify that the information supplies 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 armual report or supplymental appeal 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 feceiver or flustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-77

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