PROFIT CORPORATION ANNUAL REPORT 1996 4-30-910	Sandra Scoreta B H Quentina OF	RTMENT OF STATE B. Mortham ary of State COMORATIONS				
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SOURCE MEDICAL, INC.						
cipal Place of Business	Mailing Address		6 15 0 10 0 10 10 10 10 10 10 10 10 10 10 10	an sylli sylli sylli	., uer 1914 B <b>il</b>	pr 1914 1 <b>98</b> 1
6157 NW 167 STREET SUITE F-16 MIAMI LAKES FL 33015	6157 NW 167 STREE Suite F-16 Miami Lakes FL 33		3. Date Incorporated or Qualifi 05/03/1993		te of Last Rep 09/13/19	95
Principal Place of Business	2a. Maing Address		4. FLI Number 65-0406536		Ap No	oplied For of Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certilicate of Status Desired	d 🔲	\$8.75 / Fee Re	Additional equired
City & State	City & State		6. Election Campaign Financin	ng 🔲	\$5.00	May Be to Fees
Zip Country	28 Zip	Count y	Trust Fund Contribution  8. This corporation has liability  5 to de Statutor	y for intanfyible		
Zip Country  25  9. Name and Address of Curre	29	30		Yes TXUNO		
NEWMAN, ROBERT 6157 NW 167 STREET SUITE F-16 MIAMI LAKES FL 33015 Pursuant to the provisions of Sections 607 05	502 and 607, 1508, Florida Stati	83  84 City  utes, the above named corporation's box	dress (P.O. Box Number is Not According to the According Section 1997) or the According to	F	L I	Code egistered officagent I ann
6157 NW 167 STREET SUITE F-16 MIAMI LAKES FL 33015  Pursuant to the provisions of Sections 607 05 or registered agent, or both, in the State of Fic familiar with, and accept the obligations of, Sc	Cond rod made in the	83  84 City  utes, the above named corporation's box	oration submits this statement for tr and of directors. Thereby accept the	Figure purpose of ce appointment a	changing its re as registered	egistered offic agent I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR