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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <i>P93000033538</i> 1. Corporation Name <b>NATIONAL MEDICAL SERVICES, INC.</b>			
Principal Place of Business <b>3820 State Street Santa Barbara, CA 93105</b>		Mailing Address <b>c/o Mary Yumibe 3820 State Street Santa Barbara, CA 93105</b>	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
9. Name and Address of Current Registered Agent <b>C T Corporation System 1200 S. Pine Island Road Plantation, FL 33324</b>		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	
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 Type, print, sign or printed name of registered agent and file, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP 2. TITLE NAME STREET ADDRESS CITY-ST-ZIP 3. TITLE NAME STREET ADDRESS CITY-ST-ZIP 4. TITLE NAME STREET ADDRESS CITY-ST-ZIP 5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP 51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	
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.		8000002160199--3 -04/30/97--01053--005 ****165.00 ****165.00 4/30/97	
SIGNATURE: <i>Scott M. Brown</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/24/97 Date 805/563-7075 Daytime Phone	

CR2E034 (9/96)