

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 2: 58

DOCUMENT # **P93000036072 (5)**

1. Corporation Name  
**M & E MEDICAL SERVICES, INC.**

Principal Place of Business      Mailing Address  
**1080 W 56 STREET      1080 W 56 STREET**  
**HALEAH FL 33012      HALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/17/1993      05/01/1994**

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      Country      Country  
24.      25.      29.      30.

4. FCI Number      Applied For  
**65-0445489      Not Applicable**  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution        
7. This corporation has liability for intangible tax under § 199.04, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**CORREA, VIVIAN**  
**1080 W 56 STREET**  
**HALEAH FL 33012**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number if Not Applicable)  
B3.  
B4. City      FL      B5. Zip/City

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and Florida address

Signature, typed or printed name of new agent and Florida address

Date

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>CORREA, VIVIAN</b>
STREET ADDRESS	<b>1080 W 56 STREET</b>
CITY, ST, ZIP	<b>HALEAH FL 33012</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Check Yes/No)	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.04 and 199.05, Florida Statutes. I further certify that the information indicated in 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *x Vivian E Correa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/95 (305) 825-1827