

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P93000039804 (8)**

1. Corporation Name

**ALL-MED, INC.**

**FILED**  
**95 AUG -7 AM 11:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Principal Place of Business: **2021 E. COMMERCIAL BLVD. SUITE 305 FT. LAUDERDALE FL 33308**  
Mailing Address: **2021 E. COMMERCIAL BLVD. SUITE 305 FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/04/1993</b>		3a. Date of Last Report <b>02/22/1994</b>	
4. FEI Number <b>65-0387022</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ESTAPE, ROBERTO E 2021 E. COMMERCIAL BLVD. SUITE 305 FT. LAUDERDALE FL 33308</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 agent 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTAPE, ROBERT</b>	12 NAME	
STREET ADDRESS	<b>2021 E. COMMERCIAL BLVD., SUITE 305</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>	14 CITY - ST - ZIP	
TITLE	<b>VD</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHERER, BARBARA A</b>	22 NAME	
STREET ADDRESS	<b>2021 E. COMMERCIAL BLVD., SUITE 305</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>	24 CITY - ST - ZIP	
TITLE	<b>S</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHERER, BARBARA A</b>	32 NAME	
STREET ADDRESS	<b>2021 E. COMMERCIAL BLVD., SUITE 305</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>	34 CITY - ST - ZIP	
TITLE	<b>T</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTAPE, ROBERTO E.</b>	42 NAME	
STREET ADDRESS	<b>2021 E. COMMERCIAL BLVD., SUITE 305</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 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 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an alternate report with an address.

SIGNATURE: \_\_\_\_\_ (Signature and typed or printed name of signing officer or director) \_\_\_\_\_ (Date) \_\_\_\_\_ (Typed Name)

CR2E034 (3/95)