

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

FILED

**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000039804 (8)
1. Corporation Name
ALL-MED, INC.



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 33308-3754
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3. Date Incorporated or Qualified 06/04/1993	3a. Date of Last Report 07/02/1996
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2. Principal Place of Business 21 2001 E. COMMERCIAL BLVD Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 2001 E. COMMERCIAL BLVD Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number 65-0387022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
ESTAPE, ROBERTO E
~~2021 E. COMMERCIAL BLVD.~~
~~SUITE 305~~
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2001 E. COMMERCIAL BLVD
83
84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESTAPE, ROBERT	
STREET ADDRESS	2021 E. COMMERCIAL BLVD., SUITE 305	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHERER, BARBARA A	
STREET ADDRESS	2021 E. COMMERCIAL BLVD., SUITE 305	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHERER, BARBARA A	
STREET ADDRESS	2021 E. COMMERCIAL BLVD., SUITE 305	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ESTAPE, ROBERTO E.	
STREET ADDRESS	2021 E. COMMERCIAL BLVD., SUITE 305	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2001 E. COMMERCIAL BLVD
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	(U)
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	(U)
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	(U)
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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

SIGNATURE: _____ DATE: **1/23/97** (954) 771-3737

CR2E034 (9/96)