


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

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90006 026 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~9300005064~~  
1. Corporation Name P93000042200  
H & L MEDICAL SERVICES, INC.

Principal Place of Business Mailing Address

10391 SW 186 ST  
MIAMI FL 33157

3. Date Incorporated or Qualified 03-01-1994  
3a. Date of Last Report 1998

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 65-0417097 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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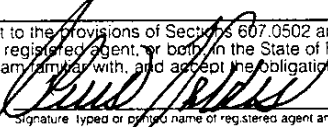
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTHA E. LICEA  
10391 SW 186 ST  
MIAMI FL 33157

81 Name LUIS VALDES  
82 Street Address (P.O. Box Number is Not Acceptable) 13820 SW 112 ST #204  
83  
84 City MIAMI FL 85 Zip Code 33186

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  LUIS VALDES 04-01-99  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA E. LICEA	1.2 NAME	LUIS VALDES
STREET ADDRESS	10391 SW 186 ST	1.3 STREET ADDRESS	13820 SW 112 ST #204
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  LUIS VALDES 04-01-99  
Signature typed or printed name of signing officer or director Date Day: me Phone #

CR2E034 (9/96)