

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000059225 (1)**

1. Corporation Name

FAST MEDICAL SERVICES, INC.



Principal Place of Business

8600 NW SOUTH RIVER DR
#209
MIAMI FL 33166

Mailing Address

681 NW 134TH AVE
MIAMI FL 33182

2. Principal Place of Business

2a. Mailing Address

21 8600 NW South River Dr.

26 8600 NW South River Dr.

22 #206

27 #206

23 Miami, FL

28 Miami, FL

24 33166

25 Dade

29 33166

30 Dade

9. Name and Address of Current Registered Agent

CORTINA, OSIRIS
681 N.W. 134TH AVE.
MIAMI FL 33182

3. Date Incorporated or Qualified
08/24/1993

3a. Date of Last Report
09/06/1995

4. FEI Number
65-0432501

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name **Magdalena Nieves**
82 Street Address (P.O. Box Number Not Acceptable) **2878 West 75th Terrace**
83
84 City **Hialeah** FL 85 Zip Code **33016**

11. Pursuant to the provisions of Sections 199.002 and 199.154, 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 Sections 199.154, Florida Statutes.

SIGNATURE *Magdalena Nieves*

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> CHANGE
NAME	CORTINA, OSIRIS	
STREET ADDRESS	681 N.W. 134TH AVE.	
CITY, ST, ZIP	MIAMI FL 33182	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NIEBLES, MAGDALENA	
STREET ADDRESS	2878 WEST 75TH TERRACE	
CITY, ST, ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	Nieves, Magdalena
1. STREET ADDRESS	2878 West 75th Terrace
1. CITY, ST, ZIP	Hialeah FL 33016
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. 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 included 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 resident or fostered employment 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 corrected herein with an address.

SIGNATURE: *Magdalena Nieves*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 (305) 888-0606

CR2E084 (12/95)