

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

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Apr 14 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 # P93000062555 (6)

1. Corporation Name
PRESTIGE MEDICAL SERVICES, CORP.



Principal Place of Business 7511 NW 73 ST SUITE 120 MIAMI FL 33166 US	Mailing Address 7511 NW 73 ST SUITE 120 MIAMI FL 33166-2403 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1993	3a. Date of Last Report 04/04/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0438938		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DIAZ, CARLOS 11790 S.W. 18 ST. STD 125 MIAMI FL 33175		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <input type="checkbox"/> DELETE DP 12.2 NAME DIAZ, CARLOS 12.3 STREET ADDRESS 11790 S.W. 18 ST., STD 125 12.4 CITY-ST-ZIP MIAMI FL 33175	13.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP 13.2 NAME DIAZ, CARLOS 13.3 STREET ADDRESS 11133 NW 7 St. # 105 13.4 CITY-ST-ZIP MIAMI, FL. 33172		
12.5 TITLE <input type="checkbox"/> DELETE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP	13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP		
12.9 TITLE <input type="checkbox"/> DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP	13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP		
12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP	13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP		
12.17 TITLE <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP	13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-7-97 305 8879222**

CR2E034 (9/96)