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REGISTRY OF CORPORATIONS
STATE OF FLORIDA

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Gaston W. Mouton
Secretary of State
1901 BANKERS BUILDING

DOCUMENT # P94000000651 (7)
1. Corporation Name
INLAND MEDICAL SERVICES, INC.

Principal Place of Business: 10585 SW 109TH COURT STE. 210 MIAMI FL 33176
Mailing Address: 10585 SW 109TH COURT STE. 210 MIAMI FL 33176

2. Principal Place of Business: 21 9930 S.W. 97 Street
2a. Mailing Address: 2a P.O. Box 165005
22. City & State: 22 MIAMI, FLORIDA
23. City & State: 23 MIAMI, FLORIDA
24. Zip: 24 33173-3967 25. Country: 25 DADE
29. City & State: 29 MIAMI, FLORIDA
30. Zip: 30 33116-5005 30. Country: 30 DADE

3. Date incorporated or qualified: 01/04/1994
3a. Date of Last Report
4. FFI Number: 65-0457243
5. Certificate of Status Dated: \$8.75 Additional Fee Required
6. Election Campaign Contributions: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under 311.01, F.S.: Yes No

9. Name and Address of Current Registered Agent
SCHEINBERG, RAFAEL
10585 SW 109TH COURT
STE. 210
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name: RAFAEL SCHEINBERG
82 Street Address: 9930 S.W. 87 Street
83
84 City: MIAMI FL 85 33173-

11. Pursuant to the provisions of Sections 607.02(1) and 607.04(1) Florida Statutes, the above named corporation hereby has 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 familiar with, and accept the obligation of, Section 607.02(1) Florida Statutes.

SIGNATURE: *Rafael Scheinberg* 1/24/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHEINBERG, RAFAEL
STREET ADDRESS	9310 SW 100TH AVENUE ROAD
CITY, ST, ZIP	MIAMI FL 33176
TITLE	STD
NAME	SCHEINBERG, THELMA
STREET ADDRESS	9310 SW 100TH AVENUE ROAD
CITY, ST, ZIP	MIAMI FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ASSISTING MANAGERS (SEE THE ASSISTING MANAGERS SECTION OF THE ANNUAL REPORT)

TITLE		<input type="checkbox"/> Corp <input type="checkbox"/> Agent
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Corp <input type="checkbox"/> Agent
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Corp <input type="checkbox"/> Agent
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Corp <input type="checkbox"/> Agent
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.02(1) and 607.04(1) Florida Statutes. I hereby certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were the only, that I am an officer or director of the corporation or the owner or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or in an affidavit with an address.

SIGNATURE: *Rafael Scheinberg* RAFAEL SCHEINBERG 1/24/95 305-274-3641

SHOULD BE WRITTEN AND TYPED ON PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR