

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000002499 (9)

1. Corporation Name

OCEAN MEDICAL HEALTH CENTER, INC.



Principal Place of Business

**2500 SW 107TH AVENUE
SUITE 41
MIAMI FL 33165**

Mailing Address

**2500 SW 107TH AVENUE
SUITE 41
MIAMI FL 33165**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**AUCHET, MICHELE
2500 SW 107TH AVENUE
SUITE 41
MIAMI FL 33165**

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 607.0700 and 607.1500, Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office or registered agent. I, the undersigned, Secretary of State, hereby certify that the corporation has authorized me to execute this statement and to accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0700, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE: PD
NAME: AUCHET, MICHELE
STREET ADDRESS: 2500 SW 107TH AVENUE, #41
CITY, STATE, ZIP: MIAMI FL 33165

2. TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY, STATE, ZIP: []

3. TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY, STATE, ZIP: []

4. TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY, STATE, ZIP: []

5. TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY, STATE, ZIP: []

6. TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY, STATE, ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. CHANGE [] ADD []

2. CHANGE [] ADD []
STREET ADDRESS: 2520 SW 82ND AVE
CITY, STATE, ZIP: MIAMI FL 33155

3. CHANGE [] ADD []

4. CHANGE [] ADD []

5. CHANGE [] ADD []

6. CHANGE [] ADD []

7. CHANGE [] ADD []

14. I do hereby certify that the information supplied with this filing is a true and correct statement of the corporation's officers and directors for the reporting period. I further certify that the information provided on this form and report is complete and correct and that the corporation has authorized me to execute this statement and to accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0700, Florida Statutes, and that my name appears in Block 12 or Block 13 if change or addition is being made with an address.

SIGNATURE:

MICHELE AUCHET

03-24-96 (305) 553-6819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)