

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000008633 (7)**

1. Corporation Name
R. S. MED-MANAGEMENT, INC.

APPROVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001437713
-03/23/95--01043--005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1840 W. 49TH ST. SUITE 602 HALEAH FL 33012	Mailing Address 1840 W. 49TH ST. SUITE 602 HALEAH FL 33012
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3. Date Incorporated or Qualified 01/24/1994	3a. Date of Last Report FIRST REPORT
4. FEL Number APPLIED FOR	<input checked="" type="checkbox"/> Applies For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 2a
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

~~WEISS MICHEL O
3250 MARY ST.
SUITE 303
MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81 ~~NAME~~ RAFAEL J. SERRANO
82 Street Address (P.O. Box Number is Not Acceptable)
1840 W. 49th ST. SUITE 602
83
84 City HALEAH FL 85 Zip Code 33012

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0508, Florida Statutes.

SIGNATURE: RAFAEL J. SERRANO 3/14/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SERRANO, RAFAEL J
STREET ADDRESS	1840 W. 49TH ST., SUITE 602
CITY- ST- ZIP	HALEAH FL 33012
TITLE	D
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	RALPH M. SERRANO
23 STREET ADDRESS	1840 W. 49th ST. SUITE 602
24 CITY- ST- ZIP	HALEAH, FL. 33012
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DANIEL J. SERRANO
33 STREET ADDRESS	1840 W. 49th ST. SUITE 602
34 CITY- ST- ZIP	HALEAH, FL. 33012
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

3/22/95 MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in New Year 1995's new 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 a reference.

SIGNATURE: RAFAEL J. SERRANO 3/14/95 (305) 823-8161