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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000028944 (4)

1. Corporation Name
NANCY OXIMETRY, INC.

Principal Place of Business Mailing Address
**2600 S.W. 17TH ST.
MIAMI FL 33145** **2600 S.W. 17TH ST.
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/14/1994	3b. Date of Last Report
4. FEI Number 105-0549406	Applied 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 S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 30 Zip Country

9. Name and Address of Current Registered Agent LAZAR, BRUCE E 1111 LINCOLN RD. SUITE 500 MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NANCY RODRIGUEZ, President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY RODRIGUEZ	1.2 NAME	
STREET ADDRESS	0600 SW 17 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	1.4 CITY-ST-ZIP	
TITLE	IRAI DA R. Blanch, V. Pres.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRAI DA R. BLANCH	2.2 NAME	
STREET ADDRESS	510 NW 33 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125	2.4 CITY-ST-ZIP	
TITLE	MARISOL R. Gonzalez, Sec.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARISOL R. GONZALEZ	3.2 NAME	
STREET ADDRESS	266 NW 64 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(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 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: *Nancy Rodriguez* 1-13-95 (305) 859-2681
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE (Typed Name)