

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000028944 (4)**

1. Corporation Name

NANCY OXIMETRY, INC.



Principal Place of Business

2600 S.W. 17TH ST.
MIAMI FL 33145

Main Office

2600 S.W. 17TH ST.
MIAMI FL 33145

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip County

24

2a. Mailing Address

26 Suite Apt. # etc.

27 City & State

28 Zip County

29 30

9. Name and Address of Current Registered Agent

~~LAZAR, BRUCE E
1111 LINCOLN RD.
SUITE 500
MIAMI BEACH FL 33139~~

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

03/02/1995

4. FID Number

65-0549406

Applied For

Not Applicable

5. Contribution of Status Dollars

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation is liable for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name **Nancy Rodriguez**

82 Street Address (P.O. Box Number is Not Acceptable) **2600 SW 17 ST**

83 City **Miami Beach**

84 FL 85 Zip Code **33139**

11. Pursuant to the provisions of Section 199.032 and 6.01 of the Florida Statutes, I, the undersigned, a duly qualified corporation, hereby submit 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of the registered agent as set forth in the Florida Statutes.

SIGNATURE

Nancy Rodriguez

3-12-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, NANCY	
STREET ADDRESS	2600 SW 17TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCH, IRAIDA R	
STREET ADDRESS	510 NW 33RD AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MARISOL R	
STREET ADDRESS	266 NW 64TH AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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***200.00

14. I do hereby certify that the information supplied in this report is correct, accurate and true to the best of my knowledge and belief, and that I am an officer or director of the corporation or the person or persons authorized to provide the information required by this report under Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if it is an agent or a director of the corporation.

SIGNATURE:

Nancy Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 (305)359-2691

CR2E034 (12/95)