

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000064368 (1)**

1. Corporation Name  
**NATIONWIDE MEDICAL, INC.**



Principal Place of Business <b>3722 NW 73 STREET MIAMI FL 33147 US</b>	Mailing Address <b>8355 REDNOCK LANE MIAMI LAKES FL 33016-1440 US</b>
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3. Date Incorporated or Qualified <b>08/31/1994</b>	3a. Date of Last Report <b>04/10/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0515338</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SCHNEIDER, JEROME  
8355 REDNOCK LANE  
MIAMI LAKES FL 33016**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER, JEROME</b>	1.2 NAME	<b>SCHNEIDER, JEROME</b>
STREET ADDRESS	<b>8355 REDNOCK LANE</b>	1.3 STREET ADDRESS	<b>8355 REDNOCK LANE</b>
CITY - ST - ZIP	<b>MIAMI LAKES FL 33016</b>	1.4 CITY - ST - ZIP	<b>MIAMI LAKES, FL 33016</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>S - DELETE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER-SALEM, JANICE</b>	2.2 NAME	<b>SCHNEIDER-SALEM, JANICE</b>
STREET ADDRESS	<b>8355 REDNOCK LANE</b>	2.3 STREET ADDRESS	<b>8355 REDNOCK LANE</b>
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY - ST - ZIP	<b>MIAMI LAKES FL 33016</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/97** **305-558-1028**  
Date Daytime Phone #

0124366

CR2E034 (9/96)