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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

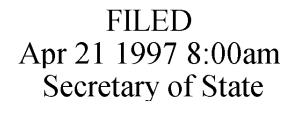
DOCUMENT # P9400065818 (4)

KELLY MEDICAL ENTERPRISES, INC.

Princip	at Place	of B	usiness

7105 8W 8 8T SUITE 202 MIAMI FL 33144 Mailing Address

7105 SW 8 ST SUITE 202





MIAMI FL 33144	l	MIAMI FL 33144-4664						
				 Date Incorporated or Qualified 09/03/1994 	3a. Date of 03/15/1	e of Last Report 5/1996		
	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 8420	2 West Flagler	26 84 KU Wer)	F F1	21/60	- 65-0518844	······································	4	t Applicable
Sulte, Apt. : 22	Went Flagler Solle 220	26 SYAU NC. Suile, Apt. #, etc. 27	te d.	20	5. Certificate of Status Desired		8.75 A Fee Re	dditional quired
City & State	Years Fla	City & State	, F	10	Election Campaign Financing Trust Fund Contribution	· ·	5.00 Added to	
Zip	Country 145 25 USH	Zip 29 JJ/44 3i	Country	14 1	8. This corporation has liability for in Florida Statutes	ntangible tax u Yes 🔲 No		199.032,
	9. Name and Address of Current				10. Name and Address of New Rec	istered Agen	ıt	
FERI	NANDEZ, JACQUELINE	 .	81	Name				
7.105 SW 8-ST FY 20 West Flag Ro- BUTTE 202- Suite 220			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33144			B3					
			84	City		FL 85	Zip C	ode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	' Florida, Such change was aut	thorized by	v the corpor	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of char t the appointm	nging its nent as	registered registered
SIGNATURE	Signature, typod or printed name of registered agent	and title if applicable {NO1(: F	Registered Age	ont signature req	quired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	
TITLE	PSTD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	FERNANDEZ, JACQUELINE	era est place	1.2 NAME					
STREET ADDRESS	7405 OW 6 ST SUITE 202 F	120 W. 4 183 164	1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY - S	ST-ZIP				
TITLE		DELETE	2.1 TITLE			∐ (Change	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			□ (Change	
NAME			3.2 NAME					
STREET ADDRESS			3.3 \$TREE1	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	\$1-ZIP				
TITLE		☐ DELFTE	4.1 TITLE			(Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 \$1REE1	I ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	S1 - ZIP				
TITLE		DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	I ADDRESS				
CITY-ST-ZIP			5.4 DiTY-9	S1 - ZIP				
TITLE		☐ DELETE	61 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	I ANDRESS				
CITY-ST-ZIP			64 CITY- 9	ST-ZIP				
14 I do heret	by certify that the information supplied	with this filing does not qualify	for the exe	emption stat	ted in Section 119.07(3)(i), Florida Statutes	s. I further cer	tify that	the
informatio i am an oi appears i	in indicated on this annual report or su fficer or director of the corporation or the n Block 12 or Block 13 jf changers, or c	opiemental annual report is trui ne receiver or trustee empower on an attachment with an addre	e and acco red to exec ess.	urate and th cule this rep	nat my signature shall have the same lega port as required by Chapter 607, Florida S	tatutes; and th	ade und nat my n	ame