FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000072773 (2)**

1. Corporation Name

LSE MEDICAL SERVICES, INC.

Principal Place of Business

~~1691 W. MORSE BLVD.~~
~~SUITE 200~~
WINTER PARK FL 32789

Mailing Address

~~1691 W. MORSE BLVD.~~
~~SUITE 200~~
WINTER PARK FL 32789

3. Date Incorporated or Qualified: 10/04/1994	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3278442	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1561 West Fairbanks Ave.	26 1561 West Fairbanks Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Winter Park	City, & State 28 Winter Park
Zip 24 32789 / Country 25 Orange	Zip 29 32789 / Country 30 Orange

9. Name and Address of Current Registered Agent

~~LORANT, FRANK~~
~~7361 WOODBRIAR COURT~~
~~ORLANDO FL 32835~~

10. Name and Address of New Registered Agent

81 Name: Jose L. Pino y Torres, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 1561 West Fairbanks Avenue
83
84 City: Winter Park FL 85 Zip Code: 32789

11. Pursuant to the provisions of Section 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: Jose L. Pino y Torres, M.D. X — 5 February 1996
Signature of New Registered Agent, if changing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TYPE	P	☒ DELETE	11 TYPE	P	☒ Change ☐ Addition
12 NAME	~~KAHN, STEVE~~		12 NAME	Pino y Torres, Jose L.	
13 STREET ADDRESS	~~4040 PADDINGTON TERR~~		13 STREET ADDRESS	1561 West Fairbanks Avenue	
14 CITY-ST-ZIP	~~HEATHROW FL~~		14 CITY-ST-ZIP	Winter Park, Florida 32789	
21 TYPE		☐ DELETE	21 TYPE		☐ Change ☐ Addition
22 NAME			22 NAME		
23 STREET ADDRESS			23 STREET ADDRESS		
24 CITY-ST-ZIP			24 CITY-ST-ZIP		
31 TYPE		☐ DELETE	31 TYPE		☐ Change ☐ Addition
32 NAME			32 NAME		
33 STREET ADDRESS			33 STREET ADDRESS		
34 CITY-ST-ZIP			34 CITY-ST-ZIP		
41 TYPE		☐ DELETE	41 TYPE		☐ Change ☐ Addition
42 NAME			42 NAME		
43 STREET ADDRESS			43 STREET ADDRESS		
44 CITY-ST-ZIP			44 CITY-ST-ZIP		
51 TYPE		☐ DELETE	51 TYPE		☐ Change ☐ Addition
52 NAME			52 NAME		
53 STREET ADDRESS			53 STREET ADDRESS		
54 CITY-ST-ZIP			54 CITY-ST-ZIP		
61 TYPE		☐ DELETE	61 TYPE		☐ Change ☐ Addition
62 NAME			62 NAME		
63 STREET ADDRESS			63 STREET ADDRESS		
64 CITY-ST-ZIP			64 CITY-ST-ZIP		

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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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report.

SIGNATURE: Jose L. Pino y Torres, M.D. — 5 February 1996 (407)628-0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)