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 # **P94000086254 (7)**

1. Corporation Name
"CENTRAL DADE MEDICAL SERVICES, INC."

Principal Place of Business
~~1850 SW 8TH STREET STE. 402-B~~
~~MIAMI FL 33135~~

Mailing Address
~~1850 SW 8TH STREET STE. 402-B~~
~~MIAMI FL 33135~~

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report: 06/15/1995

2. Principal Place of Business
21 175 FONTAINEBLEAU BLVD
Suite, Apt. #, etc.
22 1A1
City & State
23 MIA, FL
Zip 24 33172 Country 25 USA

2a. Mailing Address
26 175 FONTAINEBLEAU BLVD
Suite, Apt. #, etc.
27 1A1
City & State
28 MIA, FL
Zip 29 33172 Country 30 USA

4. FEI Number: 65-0543468 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
CASTELLANOS, JOSE
~~1850 SW 8TH STREET STE. 402-B~~
~~MIAMI FL 33135~~

10. Name and Address of New Registered Agent
81 Name: JOSE CASTELLANOS
82 Street Address (P.O. Box Number is Not Acceptable): 175 FONTAINEBLEAU BLVD STE 1AT
83
84 City: MIAMI, FL 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 607.0505 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 ✓ 3/8/96
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent's signature required when refiling) DATE

12. OFFICERS AND DIRECTORS

TITLE	D [X] DELETE
NAME	CASTELLANOS, JOSE
STREET ADDRESS	1850 SW 8TH STREET STE. 402-B
CITY-ST-ZIP	MIAMI FL 33135
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D [X] Change [ ] Addition
1.2 NAME	CASTELLANOS, JOSE
1.3 STREET ADDRESS	175 FONTAINEBLEAU BLVD, STE 1A1
1.4 CITY-ST-ZIP	MIAMI, FL. 33172
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: ✓ 3/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)