


AMENDED

APPROVED
AND
FILED

96 OCT -9 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name ALL MEDICAL DEPOT OF DADE, INC.			
2. Principal Place of Business 4244 S.W. 73 AVENUE MIAMI FLORIDA 33155		2a. Mailing Address 4244 S.W. 73 AVENUE MIAMI FLORIDA 33155	
21 SEE ABOVE Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a SEE ABOVE Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 1-30-95 3a. Date of Last Report 4. FEI Number 65-0553566 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. 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 RAUL D. CABRERA 4201 S.W. 11 STREET MIAMI, FLORIDA 33134		10. Name and Address of New Registered Agent 81 Name MARGARITA BALLOVERAS 82 Street Address (P.O. Box Number is Not Acceptable) 4244 SW 73 AVENUE 83 84 City MIAMI FL 85 Zip Code 33155	
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] DATE: 9-26-96			
12. OFFICERS AND DIRECTORS 1.1 TITLE PD 1.2 NAME CABRERA MADERLENE 1.3 STREET ADDRESS 4201 SW 11 STREET 1.4 CITY - ST - ZIP MIAMI FLA 33134 2.1 TITLE D 2.2 NAME CABRERA RAUL 2.3 STREET ADDRESS 4201 SW 11 STREET 2.4 CITY - ST - ZIP MIAMI FLA 33134 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME BALLOVERAS MARGARITA 1.3 STREET ADDRESS 4244 SW 73 AVENUE 1.4 CITY - ST - ZIP MIAMI FLA 33155 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 800001978718-5 2.3 STREET ADDRESS -10/17/96-01054-014 2.4 CITY - ST - ZIP *****61.25 *****61.25 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: [Signature] PRES/DIR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9-26-96 Date	

CR2E(34) (3/96)