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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **P95000014281 (6)**

1. Corporation Name
BIO-MEDICAL ADVISORY SYSTEMS FOR INVESTMENT CORPORATION

Principal Place of Business
5990 WHISTLING PINES WAY
UNIT 409, SUITE B2
GREENACRES FL 33463

Mailing Address
5990 WHISTLING PINES WAY
UNIT 409, SUITE B2
GREENACRES FL 33463

3. Date Incorporated or Qualified: 02/20/1995
3a. Date of Last Report: FIRST YEAR

2. Principal Place of Business
21 5990 WHISPERING PINE WAY
Suite, Apt. #, etc.
22 UNIT 409, SUITE B2
City & State
23 GREENACRES CITY
Zip 24 33463-3152 Country 25

2a. Mailing Address
26 5990 WHISPERING PINE WAY
Suite, Apt. #, etc.
27 UNIT 409, SUITE B2
City & State
28 GREENACRES CITY
Zip 29 33463-3152 Country 30

4. FEI Number 65-0567330 — 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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: DR. RALPH MILLIKEN
82 Street Address (P.O. Box Number is Not Acceptable): 5990 WHISPERING PINE WAY
83 UNIT 409, SUITE B
84 City: GREENACRES CITY FL 85 Zip Code: 33463-3152

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: Ralph A. Milliken — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when resigning) — DATE: March 2, 1996

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	MILLIKEN, RALPH A
STREET ADDRESS	5990 WHISTLING PINES WAY, UNIT 409, STE B2
CITY-ST-ZIP	GREENACRES FL 33463
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	PRESIDENT ☑ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	5990 WHISPERING PINE WAY, UNIT 409, SUITE B2
1.4 CITY-ST-ZIP	GREENACRES CITY, FL 33463-3152
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	

Def $200. JR 3-19

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: Ralph A. Milliken — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-2-96 — Daytime Phone: (407) 968-6089

CR2E034 (12/95)