FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000014281 (6)

1. Corporation Name
BIO-MEDICAL ADVISORY SYSTEMS FOR INVESTMENT CORP ORATION

Principal Place of Business	Mailing Address
5990 WHISTLING PINES WAY UNIT 409, SUITE B2 GREENACRES FL 33463-3752	5990 WHISTLING PINES WAY UNIT 409, SUITE B2 GREENACRES FL 33463

3. Date Incorporated or Qualified: 02/20/1995	3a. Date of Last Report: 03/05/1996
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	

2. Principal Place of Business	2a. Mailing Address
21 4100 N. STATE RD #A1A	26 4100 N. STATE RD 1A1
22 Suite, Apt. #, etc. APT 344	27 Suite, Apt. #, etc. APT 344
23 City & State FORT PIERCE, FL	28 City & State FORT PIERCE, FL
24 Zip 34949-8346 Country USA	29 Zip 34949-8346 30 Country USA

9. Name and Address of Current Registered Agent

MILLIKEN, RALPH DR
5990 WHISTLING PINES WAY
UNIT 409, SUITE B2
GREENACRES FL 33463-3752

10. Name and Address of New Registered Agent

81 Name: DR. RALPH MILLIKEN
82 Street Address (P.O. Box Number is Not Acceptable): 4100 NORTH STATE ROAD 1A1
83 APT 344
84 City: FORT PIERCE FL 85 Zip Code: 34949

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MILLIKEN, RALPH A	1.2 NAME	
STREET ADDRESS	5990 WHISTLING PINES WAY, UNIT 409, STE B2	1.3 STREET ADDRESS	4100 NORTH STATE ROAD A1A APT 344
CITY-ST-ZIP	GREENACRES FL 33463	1.4 CITY-ST-ZIP	FORT PIERCE, FL 34949-8346
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 3-14-97 (561)448-0981