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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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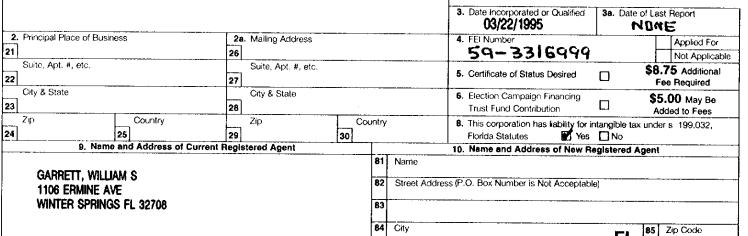
DOCUMENT #

FIRST MEDICAL, INC

Principal Place of Business 1106 ERMINE AVE WINTER SPRINGS FL 32708

Mailing Address

1106 ERMINE AVE WINTER SPRINGS FL 32708



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.

	gnature, typed or printed name of registered agent and title if applicable.		stered Agent signature required	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1. 1 TITLE	Change Additio
NAME	GARRETT, WILLIAM S	-	1.2 NAME	
STREET ADDRESS	1106 ERMINE AVE		1.3 STREET ADDRESS	
C-TY-ST-ZiP	WINTER SPRINGS FL 32708		1.4 C/TY-\$1-Z/P	
THTLE		DELETE	2 1 TITLE	Change Additio
NAME	GARRETT, CHRISTINA S		22 NAME	
STREET ADDRESS	1106 ERMINE AVE	:	2 3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2 4 CITY-ST-ZIP	
TITLE		DELETE :	3 1 TITLE	Change Additio
NAME			3.2 NAME	
STREET ADDRESS		3	3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE		ELETE	4. 1 TITLE	Cnange Additio
NAME			4.2 NAME	_ · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		4	4 4 CITY - ST - ZIP	
TITLE	DI	ELETE 5	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
TREET ADDRESS		5	5 3 STREET ADDRESS	
CITY-ST-ZIP		5	5.4 CITY-ST-ZIP	
TILE		ELETE 6	6. 1 TITLE	☐ Change ☐ Additio
NAME] 6	6.2 NAME	 :
STREET ADDRESS		6	5.3 STREET ADDRESS	
CITY-ST-ZIP		f	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 one attackment with an address.

SIGNATURE: _____

WILLIAM 5 CLARRETT

17 APRIL 96