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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000028449 (3)**

1. Name of the corporation

TOUCH MEDICAL SERVICES, INC.

2. Principal office address

**8381 N.W. 68TH STREET
MIAMI FL 33166**

3. Mailing address

**8381 N.W. 68TH STREET
MIAMI FL 33166**

2. Name of the corporation

21. **TOUCH MEDICAL SERVICES, INC.**

22. **TOUCH MEDICAL SERVICES, INC.**

23. **TOUCH MEDICAL SERVICES, INC.**

24. **TOUCH MEDICAL SERVICES, INC.**

2a. Mailing address

26. **TOUCH MEDICAL SERVICES, INC.**

27. **TOUCH MEDICAL SERVICES, INC.**

28. **TOUCH MEDICAL SERVICES, INC.**

29. **TOUCH MEDICAL SERVICES, INC.**

9. Name and Address of Current Registered Agent

**RODRIGUEZ, OMAR
984 W. 40TH STREET
HIALEAH FL 33012**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that I am the duly authorized agent of the corporation named above, and that I am qualified to execute this statement for the purpose of changing its registered office. I am a resident of the State of Florida, and I am qualified to execute this statement for the purpose of changing its registered office. I am a resident of the State of Florida, and I am qualified to execute this statement for the purpose of changing its registered office.

12. OFFICERS AND DIRECTORS

**D
RODRIGUEZ, OMAR
984 W. 40TH STREET
HIALEAH FL 33012**

[] OFFICER

[] DIRECTOR

[] OFFICER

[] DIRECTOR

[] OFFICER

[] DIRECTOR

13.

NAME

ADDRESS

POSITION

DATE

NAME

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ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that I am the duly authorized agent of the corporation named above, and that I am qualified to execute this statement for the purpose of changing its registered office. I am a resident of the State of Florida, and I am qualified to execute this statement for the purpose of changing its registered office. I am a resident of the State of Florida, and I am qualified to execute this statement for the purpose of changing its registered office.

SIGNATURE:

SIGNATURE AND TYPE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OMAR RODRIGUEZ

president

1/22/96

305-592-5107

CR2E034 (12/95)