

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000029463

1. Corporation Name

ARCO MEDICAL SERVICES INC.

Principal Place of Business	Mailing Address
12855 S.W. 136 Avenue Suite 212 Miami, Florida 33186	12855 S.W. 136 Avenue Suite 212 Miami, Florida 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4/14/95

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 7938 N.W. 66 Street	26 7938 N.W. 66 Street	65-0578280	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Miami, Florida	28 Miami, Florida	7. Trust Fund Contribution	<input type="checkbox"/>
24 Zip	29 Zip	8. This corporation owes or has paid the current year Intangible	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 33166	29 33166	Personal Property Tax due June 30.	
25 Country	30 Country		

9. Name and Address of Current Registered Agent

Carmen Perez
12855 S.W. 136 Avenue
Suite 212
Miami, Florida 33186

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
Carmen Perez	33166
82 Street Address (P.O. Box Number is Not Acceptable)	
7938 N.W. 66 Street	
83	
84 City	FL
Miami	

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: *Carmen Perez*

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when re-registering)

4/17/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmen Perez	1.2 NAME	Carmen Perez
STREET ADDRESS	12855 S.W. 136 Avenue, Suite 212	1.3 STREET ADDRESS	7938 N.W. 66 Street
CITY-ST-ZIP	Miami, Florida 33186	1.4 CITY-ST-ZIP	Miami, Florida 33166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***150.00

14. I 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 or on an attachment with an address.

SIGNATURE: *Carmen Perez* Carmen Perez 4/17/98 305-233-9580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (10/97)