


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

FILED

Mar 13 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000037393</b> 1. Corporation Name <b>JORCYN MEDICAL SERVICES, INC.</b>					
Principal Place of Business <b>6555 N.W. 36th ST., SUITE 201-b VIRGINIA GARDEN'S, FL 33166</b>			Mailing Address <b>6555 N.W. 36th ST., SUITE 201-B VIRGINIA GARDEN'S, FL 33166</b>		
2. Principal Place of Business 21 <b>6555 N.W. 36th STREET</b> Suite, Apt. #, etc. 22 <b>SUITE 201-B</b> City & State 23 <b>VIRGINIA GARDEN'S, FL</b> Zip 24 <b>33166-6975</b>		2a. Mailing Address 26 <b>6555 N.W. 36th, STREET</b> Suite, Apt. #, etc. 27 <b>SUITE 201-B</b> City & State 28 <b>VIRGINIA GARDEN'S, FL</b> Zip 29 <b>33166-6975</b>		3. Date Incorporated or Qualified <b>5/10/95</b> 3a. Date of Last Report <b>5/10/95</b> 4. FEI Number <b>65-0589060</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JORGE L. CALERA</b> <b>624 TURTLE RUN</b> <b>FT. LAUDERDALE, FL 33326</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS <b>P/VP/T/S</b> NAME <b>JORGE L. CALERA</b> STREET ADDRESS <b>624 TURTLE RUN</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33326</b> <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, unchanged, or on an attachment with an address.			<b>200002113252</b> <b>-03/14/97--01004--034</b> <b>***165.00</b> <b>NB 313</b>		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)

3/10/97 (305) 876-9479