

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000042350 (5)

1. Corporation Name
MEDICAL DESTINATIONS, INC.

Principal Place of Business
10230 NW 47TH STREET
FT. LAUDERDALE FL 33351-7870

Mailing Address
PO BOX 4701
FT. LAUDERDALE FL 33338-4701



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1995	3a. Date of Last Report 05/01/1996
21		26	10230 N.W. 47th Street	4. FEI Number 65-0584514	Applied For 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	Ft. Lauderdale, Fla.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	25	Country	29	30
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAFITEAU, EDWARD 739 SAND CREEK CIR. FT. LAUDERDALE FL 33327		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	
NAME	LEVINE, DAVID	1.2 NAME	
STREET ADDRESS	705 SAND CREEK CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33327	1.4 CITY-ST-ZIP	
TITLE	D/V	2.1 TITLE	
NAME	LAFITEAU, EDWARD P	2.2 NAME	
STREET ADDRESS	739 SAND CREEK CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33327	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	LEVINE, SHARI L.	3.2 NAME	
STREET ADDRESS	739 SAND CREEK CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33327	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Edward P. Lafiteau DATE: 4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)