

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 Reinstated
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 NOV -6 AM 10:08

DOCUMENT # P95000067724 (1)
 1. Corporation Name

"INTERNATIONAL MEDICAL ALLIANCE, INC."

Principal Place of Business Mailing Address
 2151 LE JEUNE ROAD SUITE 309-A CORAL GABLES FL 33134
 2151 LE JEUNE ROAD SUITE 309-A CORAL GABLES FL 33134



9/11/8

2. Principal Place of Business 2a. Mailing Address
 21 2600 Douglas Road 26 2600 Douglas Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite 710 27 Suite 710
 City & State City & State
 23 Coral Gables, Florida 28 Coral Gables, Florida
 Zip Country Zip Country
 24 33134 25 USA 29 33134 30 USA

3. Date Incorporated or Qualified 09/01/1995 3a. Date of Last Report
 4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 PAIGE, ROBERT E
 SUITE 309-A
 2151 LE JEUNE ROAD
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 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: [Signature] ROBERT E. PAIGE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 1. NAME JASLOW, LANE A
 2. STREET ADDRESS 2151 LE JEUNE ROAD SUITE 309-A
 3. CITY-ST-ZIP CORAL GABLES FL 33134
 4. TITLE
 5. NAME
 6. STREET ADDRESS
 7. CITY-ST-ZIP
 8. TITLE
 9. NAME
 10. STREET ADDRESS
 11. CITY-ST-ZIP
 12. TITLE
 13. NAME
 14. STREET ADDRESS
 15. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE President/Director
 1.2 NAME
 1.3 STREET ADDRESS 2600 Douglas Road, Suite 710
 1.4 CITY-ST-ZIP Coral Gables, FL 33134
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE 500002002195
 3.2 NAME -11/13/96-01030-007
 3.3 STREET ADDRESS ***375.00 ***375.00
 3.4 CITY-ST-ZIP
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Lane A. Jaslow 10/10/96 905-446-1966
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E04 (9/96)