FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

✓ 200

DOCUMENT # **P95000068967 (5)**

1. Corporation Name
AMIC PHYSIOLOGY SERVICE, INC.

Principal Place of Business
169 LINCOLN ROAD
SUITE 323
MIAMI BEACH FL 33139

Mailing Address
169 LINCOLN ROAD
SUITE 323
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 09/07/1995
3a. Date of Last Report:
4. FEI Number: 650609118 [ ] 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. Is organization publicly held subject to sections 190.033 Florida Statutes? [ ] Yes [ ] No

2. Principal Place of Business
21
Suite Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
CUBAS, MIRIAM I
169 LINCOLN ROAD
SUITE 323
MIAMI BEACH FL 33139

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 Section 607.0505, Florida Statutes, the above named corporation hereby designates the following person at the place named in paragraph 10 above for the purpose of accepting service of process within this state. Having accepted the designation as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] Delete
NAME	CUBAS, MIRIAM I	
STREET ADDRESS	169 LINCOLN ROAD SUITE 323	
CITY, ST, ZIP	MIAMI BEACH FL 33139	
TITLE	VD	[ ] Delete
NAME	ARAOZ, ALEJANDRO	
STREET ADDRESS	169 LINCOLN ROAD SUITE 323	
CITY, ST, ZIP	MIAMI BEACH FL 33139	
TITLE	SD	[ ] Delete
NAME	CUBAS, ARMANDO	
STREET ADDRESS	169 LINCOLN ROAD SUITE 323	
CITY, ST, ZIP	MIAMI BEACH FL 33139	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		