SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR REFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 96 DEC -6 PH 12: 17 DOCUMENT # P95000074482 (7) SECRETARY OF STATE FOREVER MEDICAL SERVICES, INC. Mailing Address Principal Place of Business REINSTATEMENT O TOTO S.W. GATH AVE. 1013 S.W. 67TH AVE. MIAMI FL 33144 MAMIT FL 33144 3a. Date of Last Report Applied For 2a. Mailing Address 26. 1015 SW 67AVE 2. Principal Place of Business 65-0611523 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Stalus Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032. Zip Country Florida Statutes Yes No 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JEREZ, MERCEDES 1013 S.W. 67JH AVE. Street Address (P.O. Box Number is Not Acceptable) MRAMI FL 33144 3000020241 83 -01014--022 12/10/96 Mask # 5 Ship UU 84 City 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 signs Signature typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. ___ Change ___ Addition DELETE 1 1 TITLE TITLE JEREZ, MERCEDES 1.2 NAME NAME 2208 S.W. 58TH COURT 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 002024123---12/10/96--01014--023 300002024 NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS ****225.00 ****225.00 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4 1 TITLE 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST- ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME . 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETÉ 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 it made under outh, that I am an officer or director of the Operation 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 changes for on an attachment with an address.

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone &

0050602

SIGNATURE:

SIGNATURE AND TYPED OR PRIS