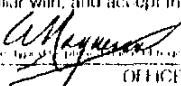
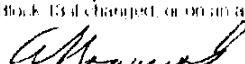


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 07 1997 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>DOCUMENT #</b> P95000074884 (4)<br>1. Corporation Name<br><b>A.N. Medical Care, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |
| Principal Place of Business<br><b>8301 Balgowan Road<br/>Miami Lakes, Fl. 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | Mailing Address<br><b>8301 Balgowan Road<br/>Miami Lakes,<br/>Fl. 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |
| 2. Principal Place of Business<br>21 State, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2a. Mailing Address<br>26 State, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br><b>09/28/95</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3a. Date of Last Report<br><b>09/28/95</b>             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | 4. FEI Number<br><b>65-0609299</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <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<br><b>Nogueron, Arnaldo<br/>8301 Balgowan Road<br/>Miami Lakes, Fl. 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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.<br>SIGNATURE  <b>Arnaldo Nogueron</b> 4/27/97<br>I declare that the information furnished in this report is true and correct to the best of my knowledge and belief.                                                                                                                        |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |
| 12. OFFICERS AND DIRECTORS<br>1111 D <input type="checkbox"/> DELETE<br>NAME <b>Nogueron, Arnaldo</b><br>STREET ADDRESS <b>8301 Balgowan Road</b><br>CITY, ST, ZIP <b>Miami Lakes, Fl. 33016</b><br>1112 <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP<br>1113 <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP<br>1114 <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP<br>1115 <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                   |                                                                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1116 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1117 NAME<br>1118 STREET ADDRESS<br>1119 CITY, ST, ZIP<br>1120 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1121 NAME<br>1122 STREET ADDRESS<br>1123 CITY, ST, ZIP<br>1124 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1125 NAME<br>1126 STREET ADDRESS<br>1127 CITY, ST, ZIP<br>1128 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1129 NAME<br>1130 STREET ADDRESS<br>1131 CITY, ST, ZIP<br>1132 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1133 NAME<br>1134 STREET ADDRESS<br>1135 CITY, ST, ZIP<br>1136 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1137 NAME<br>1138 STREET ADDRESS<br>1139 CITY, ST, ZIP<br>1140 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1141 NAME<br>1142 STREET ADDRESS<br>1143 CITY, ST, ZIP<br>1144 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1145 NAME<br>1146 STREET ADDRESS<br>1147 CITY, ST, ZIP<br>1148 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1149 NAME<br>1150 STREET ADDRESS<br>1151 CITY, ST, ZIP<br>1152 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1153 NAME<br>1154 STREET ADDRESS<br>1155 CITY, ST, ZIP<br>1156 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1157 NAME<br>1158 STREET ADDRESS<br>1159 CITY, ST, ZIP<br>1160 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1161 NAME<br>1162 STREET ADDRESS<br>1163 CITY, ST, ZIP<br>1164 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1165 NAME<br>1166 STREET ADDRESS<br>1167 CITY, ST, ZIP<br>1168 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1169 NAME<br>1170 STREET ADDRESS<br>1171 CITY, ST, ZIP<br>1172 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1173 NAME<br>1174 STREET ADDRESS<br>1175 CITY, ST, ZIP<br>1176 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1177 NAME<br>1178 STREET ADDRESS<br>1179 CITY, ST, ZIP<br>1180 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1181 NAME<br>1182 STREET ADDRESS<br>1183 CITY, ST, ZIP<br>1184 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1185 NAME<br>1186 STREET ADDRESS<br>1187 CITY, ST, ZIP<br>1188 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1189 NAME<br>1190 STREET ADDRESS<br>1191 CITY, ST, ZIP<br>1192 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1193 NAME<br>1194 STREET ADDRESS<br>1195 CITY, ST, ZIP<br>1196 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1197 NAME<br>1198 STREET ADDRESS<br>1199 CITY, ST, ZIP<br>1200 <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 exception stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 or changed, or on an attachment with an address.<br><b>SIGNATURE:  P/D Arnaldo Nogueron 4/27/97</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |

CR2E034 (9/96)

RAW  
5-7-97

200002181092  
-05/16/97--01036--001  
\*\*\*173.50