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

FILED
Jan 23 1996 8:00 am
Secretary of State

DOCUMENT # **P95000081207 (9)**

1. Corporation Name
L O D MEDICAL SERVICES, INC.

Principal Place of Business
5545 S W 8TH STREET
SUIE 205
MIAMI FL 33134

Mailing Address
5545 S.W. 8TH STREET
SUIE 205
MIAMI FL 33134

3. Date Incorporated or Qualified: 10/23/1995
3a. Date of Last Report:

4. FEI Number: 65-0614846 — [ ] 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 [X] Yes [ ] No

2. Principal Place of Business
21 2001 NW 7ST
Suite, Apt. #, etc.
22 205
City & State
23 Miami FL
Zip
24 33125
County
25 DADE

2a. Mailing Address
26 2001 NW 7 STREET
Suite, Apt. #, etc.
27 205
City & State
28 Miami FL
Zip
29 33125
County
30 DADE

9. Name and Address of Current Registered Agent

~~DUPEYRON, ORLANDO~~
~~5545 S.W. 8TH STREET~~
~~SUIE 205~~
~~MIAMI FL 33134~~

10. Name and Address of New Registered Agent

81 Name: Orlando Dupeyron
82 Street Address (P.O. Box Number is Not Acceptable): 2001 NW 7ST
83 #205
84 City: Miami FL
85 Zip Code: 33125

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: Orlando Dupeyron President — DATE: 01-17-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	11 TITLE	[X] Change [ ] Addition
NAME	DUPEYRON, ORLANDO		12 NAME	Orlando Dupeyron
STREET ADDRESS	5545 S.W. 8TH STREET, #205		13 STREET ADDRESS	2001 NW 7ST #205
CITY-ST-ZIP	MIAMI FL 33134		14 CITY-ST-ZIP	Miami, FL 33125
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I 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 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: Orlando Dupeyron President — 01-17-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CR2E034 (12/95)