

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
ANNUAL REPORT
1996



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

DOCUMENT # P95000092516 (0)

1. Corporation Name

C.P.N. MEDICAL SERVICES, INC.



Principal Place of Business

Mailing Address

7370 NORTHWEST 36 STREET, SUITE 335E
MIAMI FL 33166

7370 NORTHWEST 36 STREET, SUITE 335E
MIAMI FL 33166

3. Date Incorporated or Qualified
12/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0622926

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

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

AmeriLawyer Chartered

82 Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Avenue

83

84 City

Coral Gables

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered
office or registered agent, to the Secretary of 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 the provisions of Section 607.0505, Florida Statutes.

AmeriLawyer Chartered
SIGNATURE

Natalia Utrera-Vice President

(NOTE: Registered Agent signature required when changing)

DATE

8/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME ESTRADA, ROBERT J
STREET ADDRESS 7370 NORTHWEST 36 STREET, SUITE 335E
CITY-ST-ZIP MIAMI FL 33166

TITLE VSD
NAME CURBELO, IRALDO
STREET ADDRESS 7370 NORTHWEST 36 STREET, SUITE 335E
CITY-ST-ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

500001915295

-08/07/96--01050--005

***225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

(505) 718-8607

CR2E034 (3/96)