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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

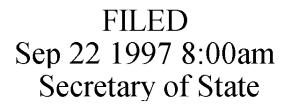
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095193 (5)

NATIONAL MEDSOURCE INC.

Principal Place of Business

Mailing Address





MIAMI FL 3317		19790 SW 134 COURF MIAMI FL 33177-4130						
							ate of Last Report /24/1996	
	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0657863		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				□ \$8.7	5 Additional	
22		27	27		5. Certificate of Status Desired	7	Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	DO May Be	
23		28			Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Country	,	B. This corporation has liability for in	ntangible tax unde	er s. 199.032,	
24	25	29	30			Yes No		
-	g. Name and Address of Currer	nt Registered Agent		T-::	10. Name and Address of New Reg	stered Agent		
	CK, LESTER A		81	Name				
	90 SW 134 COURT		82	Street Ado	dress (P.O. Box Number is Not Acceptable	e)		
MIA	M! FL 33177							
			83					
			84	′		$PL \sqcup I$	ip Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	les, the abov authorized by lorida Statute	e-named cor the corpora	poration submits this statement for the pa ation's board of directors. I hereby accep	urpose of changin t the appointment	g its registered as registered	
SIGNATURE								
	Signature, typod or pointed name of registernal age			nt signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	POCK LECTED A	☐ DELETE	1 1 TITLE			∐ Chang	ge Addition	
NAME	ROCK, LESTER A 19790 SW 134 COURT		1.2 NAME					
STREET ADDRESS	MIAMI FL 33177		13 STREET					
CITY-ST-ZIP	MUMINI TE 331//	Parent	1.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	21 TITLE			☐ Chang	ge Addition	
NAME			2.2 NAME					
STREET ADDRESS	l		2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CiTY -	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Chang	ge	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	31 - ZIP				
TITLE		L DELETE	4.1 TITLE			☐ Chang	ge 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CHY-S	T-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Chang	je Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5 4 CITY - S	T- ZIP			ľ	
TITLE		DELETE	6.1 TITLE			☐ Chang	e	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY-S					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 in the north, but an address.