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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000033079 (0) 1. Corporation Name HEALTH AID MEDICAL, INC.			
Principal Place of Business 8177 NW 74 AVENUE MEDLEY FL 33166		Mailing Address 8177 NW 74 AVENUE MEDLEY FL 33166-7401	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent VEGA, LUIS J 18312 NW 67 AVE. HIALEAH FL 33015		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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. SIGNATURE: <i>Luis J. De la Vega</i> DATE: 7/11/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP 12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY - ST - ZIP 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY - ST - ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY - ST - ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY - ST - ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY - ST - ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY - ST - ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY - ST - ZIP	
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 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: <i>Luis J. De la Vega</i>		SIGNATURE: LUIS J. DE LA VEGA 7/11/97 883-0907	

CR2E034 (9/96)