

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

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000034339 (7)

1. Corporation Name

AOS OF PENSACOLA, INC.



Principal Place of Business 200 NEW TOWN CORPORATE CENTER 4491 SOUTH STATE ROAD 7 FORT LAUDERDALE FL 33314	Mailing Address 200 NEW TOWN CORPORATE CENTER 4491 SOUTH STATE ROAD 7 FORT LAUDERDALE FL 33314-4048
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 65-0672763	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OLLE, DENNIS J 1401 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI FL 33131		81 Name BOISVERT, LOUIS 82 Street Address (P.O. Box Number is Not Acceptable) 4491 SO. STATE ROAD SEVEN 83 SUITE 200 84 City FT. LAUDERDALE FL 85 Zip Code 33314	

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 Louis W. Boisvert, III Louis W. Boisvert, III 4/4/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLAMM, ULLRICH PH.D.	1.2 NAME	ORSINI, FRANCINE
STREET ADDRESS	4491 SOUTH STATE ROAD 7	1.3 STREET ADDRESS	4491 SO. STATE ROAD SEVEN, S-200
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33314
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOISVERT, LOUIS W III	2.2 NAME	
STREET ADDRESS	4491 SOUTH STATE ROAD 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 Louis W. Boisvert, III Louis W. Boisvert, III 4/4/97 (954) 321-9555

CR2E034 (9/96)