

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 SEP -5 AM 10:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000074220 (0)
 1. Corporation Name
ALL MEDICAL SERVICES, INC.

Principal Place of Business: **956 CESERY BLVD. JACKSONVILLE FL 32211**
 Mailing Address: **956 CESERY BLVD. JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/03/1996** 3a. Date of Last Report

4. FEI Number: **59-339215** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21. P.O. Box 11647 22. Suite, Apt. #, etc.

23. Jacksonville, FL 24. 32239

25. Duval

26. 6965 Alana Road 27. Suite, Apt. #, etc.

28. Jacksonville, FL 29. 32211

30. Duval

9. Name and Address of Current Registered Agent
SMITH, LESIA A
956 CESERY BLVD.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code

** Per telephone conversation, due to change of address first notice was not received.*

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: *Lesia A. Smith* DATE: **7-30-97**

12. OFFICERS AND DIRECTORS

TITLE	OWNER	<input type="checkbox"/> DELETE
NAME	LESIA A. Smith	
STREET ADDRESS	6965 Alana Road	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

Change Addition

600002287986--4
-03/09/97--01026--002
*****165.00 ***165.00**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Change Addition

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: *Lesia A. Smith* DATE: **7-30-97**

CR2E034 (4/97)