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FILED

Jan 17 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 # P96000074541 (9)

1. Corporation Name

MEDICAL COLLECTORS OF FLORIDA, INC.

Principal Place of Business

809 NE 8TH AVENUE
SUITE 204
DELRAY BEACH FL 33483

Mailing Address

809 NE 8TH AVENUE
SUITE 204
DELRAY BEACH FL 33483-5730



2. Principal Place of Business

21 909 N.E. 9th Ave

Suite, Apt. #, etc.

22 Suite 204

City & State

23 Delray Beach FL

Zip

24 33483

Country

25 USA

2a. Mailing Address

26 909 N.E. 9th Avenue

Suite, Apt. #, etc.

27 Suite 204

City & State

28 Delray Beach FL

Zip

29 33483

Country

30 USA

3. Date Incorporated or Qualified

09/09/1996

3a. Date of Last Report

4. FEI Number

65 06 96707

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

PARKER, GERALD K
777 S. FLAGLER DRIVE
8TH FLOOR WEST TOWER
W. PALM BEACH FL 33401

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

Dana K. Thompson

(NOTE: Registered Agent signature required when reinstating)

1-1-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	THOMPSON, DANA K	
STREET ADDRESS	46 CITRUS PARK DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	DELETE
NAME	BYRNES, JAMES J	
STREET ADDRESS	245 S. COUNTRY CLUB RD. SWD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	DELETE
NAME	BUSH, CHESTER	
STREET ADDRESS	46 CITRUS PARK DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	Change	Addition
1.2 NAME	Kenneth Lee		
1.3 STREET ADDRESS	1325 S. Congress Avenue		
1.4 CITY-ST-ZIP	Boynton Bch, FL 33426		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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:

Dana K. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-97

Date

561 279 9379

Daytime Phone #

CR2E034 (9/96)