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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600089852 (3)

B & E MEDICAL SERVICES, INC.

FILED May 08 1997 8:00am Secretary of State



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Same April	Principal Place of Business	Mailing Address				
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2. Million of Business 2a. Mailing Address 3. Fill Number 3. Fill Nu				3. Date Incorporated or Qualified	3a. Date of Last Report	
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Sind April #, etc. Solid April #, etc.			**************************************		Applied For	
City & State Added corrected separation for both as state place of Cutrent Registered Agent ALVEAR, ELSYE E 15190 SW 157TH TERRACE MIAMI FL 33187 M City FL State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent or both, in the State of Florida Statutes, the above-named corporation's board of directors. Hereby accept the obapitation of Scenerio ROS of Schorida Posts, Porida Statutes. SIGNATURE City City FL State Street Address (P.O. Box Number is Not Acceptable) M City FL State of Florida Statutes and Posts and			/en/	62-0797 233	Not Applica	
Trust Fund Contribution Added to Fees Ad		27		5. Certificate of Status Desired		
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9. Name and Address of Current Registered Agent ALYCAR, ELSYE E 15193 SW 1577H TERRACE MIAMI FL 33187 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 15. 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 registre office or registered agent), or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register adortion of a complex of prediction of the obligations of, Section 607.6505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AVERA, ELSYE E 15.180 SW 1571H TERRACE 15.180 SW 157	Zip Country					
ALVEAR, ELSYE E 15193 SW 157TH TERRACE MIAMI FL 33187 B1			USA			
Street Address (P.O. Biox Number is Not Acceptable) ### City		Registered Agent	R1 Namo	10. Name and Address of New Re	gistered Agent	
MIAMI FL 33187 83			VI IVAIIIO			
B3 B4 City	TV4 300		82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	
FL 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 regists of ligits 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 register of agent and familiar with, and accept the obligations of, Section 607,6504, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES IN 12. ADDIT	HIR WILL I C GO 194		83			
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Agent Tam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE						
Signature hyperile or presented name of requisered agent and the off applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12 ALVEAR, ELSYE E ALVEAR, ELSYE E IST89 SW 157TH TERRACE MIAMI FL 33187 DELETE APPLIES MIAMI FL 33187 DELETE 2 1 TITLE ARME 13 STREET ADDRESS AS A CITY-SI-2IP INTE AMME ARME	office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	of Florida. Such change was author tions of, Section 607,0505, Florida :	rized by the corporal Statutes.	tion's board of directors. I hereby accer	ot the appointment as registere	
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I do hereby centry that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), 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, the lam an officer or director of the corporation or the receiver or system empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 fight anged, or on applicaching with an address.

SIGNATURE

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Dayline Phone #