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Feb 14 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 # P96000092143 (2)

1. Corporation Name
ANDRES MEDICAR SERVICE, INC.



Principal Place of Business: 12995 S. CLEVELAND AVENUE SUITE 241 FT MYERS FL 33907
Mailing Address: 12995 S. CLEVELAND AVENUE SUITE 241 FT MYERS FL 33907-3825

3. Date Incorporated or Qualified: 11/08/1996
3a. Date of Last Report
4. FEI Number: 65-0706835
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29 30

9. Name and Address of Current Registered Agent
BOYLE, CHARLES T
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Rows include PD ANDRES, WILLIAM E JR (766 PAMELA DRIVE, PUNTA GORDA FL 33950), STD ANDRES, WILLIAM E III (210 W. UNIVERSITY, ARLINGTON HEIGHTS IL 60004), and VD ANDRES, VIRGINIA (766 PAMELA DRIVE, PUNTA GORDA FL 33950).

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Rows 1-6 are blank.

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: *W E Andres III* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)