

PROFIT
CORPORATION
ANNUAL REPORT
1997.



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

FILED
May 01, 1997 8:00 am
Secretary of State

DOCUMENT # P97000000483

NA-MSM, INC

Principal Place of Business

Mailing Address

10 wound Treatment Center
300 Alton Rd.
Miami Beach, FL 33140

1900 Corporate Blvd, NW
Suite 400W
BOCA RATON, FL 33431

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite. Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

GNATURE

DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
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2.		OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
LE	D	Ernest C. Wilcock		
AME		1900 Corporate Blvd NW, Ste 400W		
REET ADDRESS		BOCA RATON, FL 33431		
TY - ST - ZIP				

NAME	DVS JAMES E. PATRICK	<input type="checkbox"/> DELETE
REET ADDRESS	1900 CORPORATE BLVD-NW, SK 400	
TY-ST-ZIP	BOCA RATON, FL 33431	<input type="checkbox"/> DELETE

LE	DELETED
ME	
REET ADDRESS	
TY-ST-ZIP	

JY
 KAMALA CHAMAN
 1900 CORPORATE BLVD, NW; Sp40
 BOCA RATON, FL 33431

DELETED

JEFFREY MALDON
1900 CORPORATE BLVD NW, ST 400
BOCA RATON, FL 33431

FILE	DELETE
NAME	
REET ADDRESS	
Y-51-20	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***165.00

4. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

0413530