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

PROFIT' CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073551 (8)

A & W MEDICAL SERVICES INCORPORATED

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
11043 180TH CT SOUTH 11043 180TH CT SOUTH					
BOCA RATON FL 33499 BOCA RA			A RATON FL 33498		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/25/1997
2. Principal	Place of Business	2a. Mailing Address		- -	4. FEI Number Applied For
21	26				65-0769613 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc			SS 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cor	intry	8. This corporation owes or has paid the current year Intangible
24	25]	29	30		Personal Properly Tax due June 30. 🙀 Yes 🔲 No
	Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	041 11	10. Name and Address of New Registered Agent
	RTZ, HENRY R			81 Name	ne
	043 180TH CT SOUTH			82 Street	et Address (P.O. Box Number is Not Acceptable)
BC	DCA RATON FL 33498				
				83	
				84 City	■■ 85 Zip Code
					FL 85 210 Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statules, 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. Hereby accept the appointment as registered agent. Lant familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE Signature, lyped or ported case of registered agreet and till adaptivable (NOTE, Registered Agent signature required when reinstating) DATE					
12.	, OLFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President Sec.	DELE TE	1.1 TI	TLF	vice President/Tres. Change Addition
NAME	HENRY R Artz		1.2 N	AME	SUZADNE K. Artz
STREET ADDRESS	11043 1807H CT 5.		1.3 \$1	REET ADDRESS	1
CITY-ST-ZIP	BOCA RATON FIST	3498	1.4 CI	TY-ST-ZIP	BOCA RATON FI 33498
TITLE		☐ DELETE			Change Addition
NAME			2.2 N/	AME	
STREET ADDRESS			2.3 \$1	REET ADDRESS	ss
CITY-ST-ZIP	1		2.40	ITY - ST - ZIP	
TITLE		☐ DELETE			Change Addition
NAME			3.2 N/	AME	•
STREET ADDRESS			3.3 \$1	REE1 ADDRESS	ss
CITY-ST-ZIP			3.4. C	ITY-S1-ZIP	
TITLE		DELETE			Change Addition
NAME			4.2 N	AME	
STREET ADDRESS			4.3 ST	REET ADDRESS	ss
CITY-ST-ZIP				1Y-\$1-ZIP	
TITLE		☐ DELETE			Change Addition
NAME			5.2 N/		=
STREET ADORESS				REET ADDRESS	s
CITY-ST-ZIP				TY-ST-ZIP	
TITLE		☐ DELETE			☐ Change ☐ Addition
NAME			62 N/		
STREET ADDRESS				REE1 ADDRESS	8:
CITY-ST-ZIP					
VILL ST-ZIF	<u> </u>		046	TY-ST-ZIP	

14. I 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 trusted 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.