FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY 10 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S16714** **(5)**

KOREAN AMERICAN JOURNAL, INC.

Principal Place of Business:
2411 NW 103 AVE
PEMBROKE PINES FL 33026

Mailing Address:
2411 NW 103 AVE
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified: 12/06/1990
3a. Date of Last Report: 06/30/1994

4. FEI Number: 65-0230404 — 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

2. Principal Office — 21, 22, 23, 24, 25
2a. Mailing Address — 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

KIM, HAROLD
2411 NW 103 AVE
PEMBROKE PINES FL 33026

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KIM, HAROLD
STREET ADDRESS	2411 NW 103 AVE
CITY-ST-ZIP	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — Change / Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and 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: Harold Kim — 5/4/95 — (305) 62-0097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006141 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED

95 MAY 10 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S16928** (1)

1. Corporation Name
HEALTHCARE MEDICAL SERVICES, INC.

Principal Place of Business
P.O. BOX 720036
ORLANDO FL 32872
US

Mailing Address
P.O. BOX 720036
ORLANDO FL 32872
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 7205 Curry Ford Rd
22 Suite, Apt. # etc.: 1
23 City & State: ORL, FL.
24 Zip: 32822
25 County: Orange

2a. Mailing Address
26 Same as above
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 County

4. FEI Number: 59-3037875 — 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

THOMAS, JOHNNIE L.
8050 KILLIAN DRIVE
ORLANDO FL 32822

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: Johnnie L. Thomas — 5/8/95

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	THOMAS, JOHNNIE L.
STREET ADDRESS	8050 KILLIAN DRIVE
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Johnnie L. Thomas — 5/8/95 (407) 382-3134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0419833 FP