FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:06

DOCUMENT # **V15774** **(5)**

1. Corporation Name
ALL MED HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD PH-W N MIAMI FL 33161	12550 BISCAYNE BLVD PH-W N MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business
21 12000 BISCAYNE BLVD
22 Suite, Apt. #, etc. SUITE #705
23 City & State N. MIAMI FL
24 Zip 33181 25 Country USA

2a. Mailing Address
26 12000 BISCAYNE BLVD
27 Suite, Apt. #, etc. SUITE #705
28 City & State N. MIAMI FL
29 Zip 33181 30 Country USA

4. FEI Number: 65-0314878 ☐ 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

LEIGHT, PAUL J.
12550 BISCAYNE BLVD
PH-W
N MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name LEIGHT, Paul J.
82 Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BLVD
83 SUITE #705
84 City N. MIAMI FL 85 Zip Code 33181

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 [signature] Paul J. Leight Pres 3-28-95
(Signature, typed or printed name, and title of officer) (NOTE: Registered Agent signature required when new/changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	LEIGHT, PAUL J.	12 NAME	LEIGHT, Paul J.	
STREET ADDRESS	12550 BISCAYNE BLVD PH-W	13 STREET ADDRESS	12000 BISCAYNE BLVD SUITE #705	
CITY ST ZIP	N MIAMI FL	14 CITY ST ZIP	N. MIAMI, FL 33181	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 added above.

SIGNATURE: [signature] Paul J. Leight Pres 3-28-95 305-891-3845
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #