

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/7/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 9:55

DOCUMENT # **V28289** (9)

1. Corporation Name
AMERICAN MEDICAL LEASING, INC.

Principal Place of Business Mailing Address
~~3520 SW 104 AVENUE~~ ~~3520 SW 104 AVENUE~~
MIAMI FL 33165 MIAMI FL 33165
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/09/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **6800 S.W. 40TH ST** 26 **6800 S.W. 40TH ST**

4. FEI Number **65-0325521** Applied For Not Applicable

Suite, Apt. #, etc. 27 **SUITE 327**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 28 **MIAMI, FLA.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip 24 **33155** Country 25 **U.S.** Zip 29 **33155** Country 30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, SNEATH E
~~8315 SW 24TH STREET~~
~~3520 SW 104 AVENUE~~
~~MIAMI FL 33165~~

81 Name **LEWIS E. SNEATH**
82 Street Address (P.O. Box Number is Not Acceptable) **6800 S.W. 40TH ST**
83 **SUITE 327**
84 City **MIAMI** FL 85 Zip Code **33155**

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 **LEWIS SNEATH** *Lewis E. Sneath* **6-15-95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SNEATH, LEWIS
STREET ADDRESS	3520 SW 104 AVE
CITY ST ZIP	MIAMI FL
TITLE	ST
NAME	SNEATH, CLARA
STREET ADDRESS	3520 SW 104 AVENUE
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS CHANGED BY DELETIONS AND CANCELS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	D
12 NAME	LEWIS E. SNEATH
13 STREET ADDRESS	6800 S.W. 40TH ST, SUITE 327
14 CITY ST ZIP	MIAMI, FLA, 33155
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CLARA SNEATH
23 STREET ADDRESS	6800 S.W. 40TH ST SUITE 327
24 CITY ST ZIP	MIAMI, FLA, 33155
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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: **LEWIS SNEATH** *Lewis E. Sneath* **6-15-95**

CR2E034 (3/95)