

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V62786** (1)

1. Corporation Name
STAT MEDICAL CLINIC II, INC.



Principal Place of Business: 13144 PARK BLVD STE B SEMINOLE FL 34646 US
Mailing Address: 12302 NE 6 AVE. 1428 BRICKELL AVE. 6TH FLOOR NORTH MIAMI FL 33161 US

3. Date Incorporated or Qualified: 09/10/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0358734
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

2. Principal Place of Business
2a. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
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9. Name and Address of Current Registered Agent
**STACHEWITSCH ANDRE
12302 NE 6 AVE.
1428 BRICKELL AVE. 6TH FLOOR
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code
FL

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACHEWITSCH, ANDRE	1.2 NAME	
STREET ADDRESS	12302 NE 6 AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	N MIAMI FL	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDEWALD, DON	2.2 NAME	
STREET ADDRESS	12302 NE 6 AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL	2.4 CITY- ST- ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, AMY	3.2 NAME	
STREET ADDRESS	13144 PARK BLVD STE B	3.3 STREET ADDRESS	
CITY- ST- ZIP	SEMINOLE FL	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACHEWITSCH, MONIQUE	4.2 NAME	
STREET ADDRESS	12302 NE 6TH AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL	4.4 CITY- ST- ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACHEWITSCH, MARC	5.2 NAME	
STREET ADDRESS	12302 NE 6TH AV	5.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

VP	FRIEDMAN, GRETA	13144 PARK BLVD, STE. B	SEMINOLE, FL 34646
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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)(k), 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 of the corporation; that I am duly 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: _____ DATE: 1/25/96 DAYTIME PHONE #: (305) 893-7698

CR2E034 (12/95)