

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V64946 (9)  
1. Corporation Name  
L & V MEDICAL SERVICES, INC.



Principal Place of Business <del>1150 SW 22 ST.</del> <del>#20</del> <del>MIAMI FL 33129</del> US	Mailing Address <del>1150 SW 22 ST.</del> <del>#20</del> <del>MIAMI FL 33129</del> US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 175 Fontainebleu Blvd. Suite, Apt. #, etc. 22 Suite # 2D City & State 23 Miami, FL Zip 24 33172 Country 25 US	2a. Mailing Address 26 175 Fontainebleu Blvd. Suite, Apt. #, etc. 27 Suite # 2D City & State 28 Miami, FL Zip 29 33172 Country 30 US	3. Date Incorporated or Qualified 09/18/1992 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0357401 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent FELIPE, RICARDO 1150 SW 22 ST. 175 Fontainebleu Blvd. #20 MIAMI FL 33129 Miami, FL 33172	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
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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, 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  DATE 7/28/97

12. OFFICERS AND DIRECTORS TITLE PVST NAME FELIPE, RICARDO STREET ADDRESS 1150 SW 22 ST. #20 CITY-ST-ZIP MIAMI FL [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PVST 1.2 NAME Felipe, Ricardo 1.3 STREET ADDRESS 175 Fontainebleu Blvd. Suite 2D 1.4 CITY-ST-ZIP Miami, FL 33172 [ ] Change [ ] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [ ] Change [ ] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [ ] Change [ ] Addition
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14. I do 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

CR2E034 (4/97)