

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

DOCUMENT # **V68914** (3)
ACR MEDICAL SERVICES, INC.

10/02/1992
10/02/1992

1155 NW 123RD ST
MIAMI FL 33168

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MIAMI FL 33168

STATE OF FLORIDA

2	2a	3	3a
21	26	10/02/1992	03/15/1994
22	27	4	Applied Fee
23	28	65-0368075	Not Applicable
24	29	5	\$8.75 Additional Fee Required
30		6	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAMIREZ, ANABELL 1155 NW 123RD ST. MIAMI FL 33168		81 Name 82 Street Address, P.O. Box Number or Post Authorization 83 84 City, State, Zip Code FL 85	

11. Pursuant to the provisions of Sections 201.01(1), 201.02(1) and 201.03(1) of the Florida Statutes, the undersigned, upon personal or by statement for the purpose of changing the registered office of registered agent in full on the State of Florida to the 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 the Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	PT RAMIREZ, ANABELL 1155 NW 123RD ST. MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE	VS RAMIREZ, CHRISTIAN 1155 NW 123RD ST. MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information given with the filing is voluntarily furnished and is true and correct, for the corporation's compliance with the Florida Statutes, without fraud, that the information is correct as the annual report or supplemental annual report is true and correct and that the signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am responsible for the accuracy of the information given in this report as required by Chapter 201 of the Florida Statutes, and that my name appears in the Florida Department of State's records.

SIGNATURE: *[Signature]* - 5/1/95
305-681-6052