

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandi B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71330

(7)

1. Corporation Name

TOTAL MEDICAL SERVICES, CORP.

Principal Place of Business

1681 WEST 37TH ST.
SUITE 15, 14
HIALEAH FL 33012

Mailing Address

1681 WEST 37TH ST.
SUITE 15, 14
HIALEAH FL 33012

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

24

29

Country

30

9. Name and Address of Current Registered Agent

**MORALES, JOSE
846 WEST 41ST STREET
HIALEAH FL 33012**

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: *Jose Morales*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	□ Change	□ Addition
				1.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS		
				1.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	□ Change	□ Addition
				2.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS		
				2.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	□ Change	□ Addition
				3.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS		
				3.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	□ Change	□ Addition
				4.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS		
				4.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	□ Change	□ Addition
				5.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS		
				5.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	□ Change	□ Addition
				6.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS		
				6.4 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)(d), 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: *Jose Morales*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0079667

CP

FILED

95 JUL 19 AM 11:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/15/1992 **09/30/1994**

4. FEI Number Applied For
65-0362399 Not Applicable

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

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

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

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