

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000062814 (6)
 1. Corporation Name
DCA MEDICAL SERVICES, INC.



Principal Place of Business
2337 WEST 76TH STREET
HIALEAH FL 33016

Mailing Address
2337 WEST 76TH STREET
HIALEAH FL 33016-1842

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
02/15/1996

4. FEI Number
59-3269790

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, Florida Statutes Yes No *Excluded*

9. Name and Address of Current Registered Agent
OUZTS, DANIEL R
% MEDICORE, INC.
2337 WEST 76TH STREET
HIALEAH FL 33016

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 _____ DATE _____
Signature, typed or printed name of registered agent and date of application (R.O.C.) Registered Agent signature required when not stated.

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LANGBEIN, THOMAS K	
STREET ADDRESS	777 TERRACE AVE.	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELSTRING, BART	
STREET ADDRESS	402 MARVEL COURT	
CITY-ST-ZIP	EASTON MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JAFFE, LAWRENCE E.	
STREET ADDRESS	777 TERRACE AVENUE	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUZTS, DANIEL R.	
STREET ADDRESS	2337 WEST 76TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	OUZTS, DANIEL R.
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 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 if changed, or on an attachment with an address

SIGNATURE: *Thomas K. Langbein* *Daniel R. Ouzts* 1/16/97 (305) 558-4000

CR2E034 (9/96)