

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

FILED
Apr 09 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000026997 (3)
 1. Corporation Name
CAREMED HEALTH ADMINISTRATOR'S, INC.



| | |
|---|--|
| Principal Place of Business 8325 NW 53 ST. #100 MIAMI FL 33166 US | Mailing Address P.O. BOX 141966 SUITE 210 CORAL GABLES FL 33114 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------|----------------------|---------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 8125 NW 53 Street | 26 | Suite, Apt. #, etc. | |
| 22 Suite 116 | 27 | City & State | |
| 23 Miami, FL | 28 | Zip | Country |
| 24 33166 | 25 USA | 29 33114-1966 | 30 USA |

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/05/1995 | |
| 4. FEI Number 65-0596594 | Applied For <input type="checkbox"/> Not Applicable |
| 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 |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

DIAZ, MARIALENA
8325 NW 53 STREET
SUITE #100
MIAMI FL 33166

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number Is Not Acceptable) 8125 NW 53 Street |
| 83 Suite #116 |
| 84 City Miami FL 85 Zip Code 33166 |

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MARTINEZ, OSVALDO | |
| STREET ADDRESS | 7950 N.W. 53RD ST., SUITE 210 | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 8125 NW 53 Street, Suite #116 |
| 1.4 CITY-ST-ZIP | Miami, FL 33166 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Pablo Cejas |
| 2.3 STREET ADDRESS | 420 Lincoln Road, Suite #432 |
| 2.4 CITY-ST-ZIP | Miami Beach, FL 33139 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Julie Neitzel |
| 3.3 STREET ADDRESS | 420 Lincoln Road, Suite #432 |
| 3.4 CITY-ST-ZIP | Miami Beach, FL 33139 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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:  OSVALDO MARTINEZ, PRESIDENT 2/25/98

CR2E034 (10/97)