

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000096239

1. Corporation Name

COMMUNITY MEDICAL GROUP, INC.

Principal Place of Business

Mailing Address

7000 SW 62nd Avenue, Suite 525 (Same)
Miami, Florida 33143

3. Date Incorporated or Qualified
12/20/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-065-5336

Applied For
Not Applicable

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 under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

Dr. Ramon J. Iglesias
7000 S.W. 62nd Avenue, Suite 525
Miami, Florida 33143

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

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

Ramon J. Iglesias

5/31/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: President
NAME: Lawrence D. Kries
STREET ADDRESS: 2655 LeJeune Road - Suite 505
CITY-ST-ZIP: Coral Gables, FL 33134

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

TITLE: Vice President/Treasurer
NAME: Fausto B. Gomez
STREET ADDRESS: 2350 Coral Way, Suite 301
CITY-ST-ZIP: Miami, FL 33145

15 TITLE: Change Addition
16 NAME:
17 STREET ADDRESS:
18 CITY-ST-ZIP:

TITLE: Secretary
NAME: Ramon J. Iglesias, M.D.
STREET ADDRESS: 7000 S.W. 2nd Avenue, Suite 525
CITY-ST-ZIP: Miami, FL 33143

19 TITLE: Change Addition
20 NAME:
21 STREET ADDRESS:
22 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

23 TITLE: Change Addition
24 NAME:
25 STREET ADDRESS:
26 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

27 TITLE: Change Addition
28 NAME:
29 STREET ADDRESS:
30 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 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 119.07(3)(k), 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: X

LDK

Lawrence D. Kries
President

5/31/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Preparer

06-17-96 OK

9000018655151
-06/18/96--01118--003
***225.00

CR2E034 (12/95)