

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000055563 (5)
 1. Corporation Name
FLORIDA MEDICAL INVESTMENT FUND, INC.



Principal Place of Business 6309 CORORATE CT FT MYERS FL 33919	Mailing Address 6309 CORORATE CT FT MYERS FL 33919
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5100 S. CLEVELAND AVE Suite, Apt. #, etc. 22 #318-340 City & State 23 FORT MYERS, FL Zip Country 24 33907 25 USA		2a. Mailing Address 26 5665 TRAILWINDS Suite, Apt. #, etc. 27 #626 City & State 28 FORT MYERS, FL Zip Country 29 33907 30 USA		3. Date Incorporated or Qualified 06/23/1997	4. FEI Number 65-0764650	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
ROBINSON, PATRICK B
6309 CORORATE CT
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name ROBINSON, PATRICK B
82 Street Address (P.O. Box Number is Not Acceptable) 5665 TRAILWINDS #626
83
84 City FORT MYERS
85 State FL
86 Zip Code 33907

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 officer 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	ROBINSON, PATRICK B	
STREET ADDRESS	6309 CORORATE CT	
CITY-ST-ZIP	FT-MYERS-FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, NANCY J	
STREET ADDRESS	6309 CORORATE CT	
CITY-ST-ZIP	FT-MYERS-FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HECK, ROBERT	
STREET ADDRESS	6309 CORORATE CT	
CITY-ST-ZIP	FT-MYERS-FL 33919	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBINSON, PATRICK B	
1.3 STREET ADDRESS	5665 TRAILWINDS #626	
1.4 CITY-ST-ZIP	FT. MYERS, FL 33907	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBINSON, NANCY J.	
2.3 STREET ADDRESS	5665 TRAILWINDS #626	
2.4 CITY-ST-ZIP	FT. MYERS, FL 33907	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HECK, ROBERT	
3.3 STREET ADDRESS	5630 TRAILWINDS #424	
3.4 CITY-ST-ZIP	FT. MYERS, FL 33907	
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: *Patrick B. Robinson* : **PATRICK B. ROBINSON** 4/6/98 (941) 215-8024

CR2E034 (10/97)