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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 26 1998 8:00am Secretary of State

DOCUMENT # NONE - NO FORMS RECEIVED - NEW COMPANY

SUNMED MANAGEMENT	CORPORATI	ION	7 : 1		•					
	1 CXX	Xdo	264	$\stackrel{\smile}{\vdash}$					- LIMEL & A. A.	
Principal Place of Business	Mailing Ad			ノ						
10570 S. FEDERAL HWY PORT ST LUCE FL 34952		FEDERAL HWY								
TOTAL OF EDGE TE STARE	70		-				DO NOT WRIT	E IN THIS S	SPACE	
						3. Date incorpora			· · ·	
								97		
2. Principal Place of Business	2a. Mailing					4. FÉI Number				pplied For
SAME Suite, Apt. #, etc.	26 SAN	4E Apt. #. etc.			<del></del>	65-077			4	ot Applicable Additional
2 200	27 200	• • • • • • • • • • • • • • • • • • • •				5. Certificate of St	tatus Desired		<b>4</b> - · · ·	equired
City & State	City &				·	6. Election Campa	aign Financing		\$5.00	May Be
3 SAME	28 SAN	4E				Trust Fund Con	-		-	to Fees
Zip Country	Zip		Coun	try		8. This corporation	•	-		
4 SAME 25	29 SAM		30				rty Tax due Jun			No
Name and Address of Cu     Name and Address of Cu     Name and Address of Cu	irrent Registered A	gent		31	Name	10. Name and Add	I Men II	agistarac y	- Gent	····
ELLIOTT, NICHOLAS  10570 S. FEDERAL HWY , S	ממי	200				]				
PORT ST LUCE FL 34952	TE 200				Street Addre	ess (P.O. Box Number	r is Not Accepta	ible)		
10111 01 2002 12 04002			1	83	ve-					
			Ļ		<u> </u>					A- 1-
			ľ	84 (	City			FL	<b>85</b> Zip	Code
office or registered agent, or both, in the S	.0502 and 607.1508. State of Florida, Such	, Florida Statu	ites, the abo	ove-r	named corporation	oration submits this st	atement for the	purpose of	changing i pintment as	registered
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE  Signature, typed or printed name of registers	State of Florida, Such boligations of, Section and agent and little if applicable	n change was n 607.0505, F	authorized Iorida Statu ITE: Registered /	by thes.	he corporation	on's board of directors  on's board of directors	s. I hereby acce	DATE	ointment as	registered
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE  Signature, typed or pooled name of registere  12. OFFICERS	State of Florida. Such obligations of, Section	n change was n 607.0505, F	authorized forida Statu TE: Registered /	by thes.	the corporation	on's board of directors ad when rematating) ADDITIONS/CHA	s. I hereby acce	DATE	DIRECTOR	RS IN 12
office or registered agent, or both, in the Sagent. I am familiar with, and accept the or SIGNATURE  Signature, typed or printed name of registers  12. OFFICERS	State of Florida, Such boligations of, Section and agent and little if applicable	n change was n 607.0505, F	authorized florida Staturinte: Registered / 13.	by thes.	agnature require	on's board of directors ad when renstating)  ADDITIONS/CHA	s. I hereby acce	DATE	ointment as	registered
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE  Signature, typed or printed name of registers  TITLE NAME	State of Florida, Such boligations of, Section and agent and little if applicable	n change was n 607.0505, F	authorized forida Statu TE: Registered /	by thes.  Agent i	sphature require	on's board of directors  ad when renstating)  ADDITIONS/CHA  CPS  ICHOLAS E	NGES TO OFFI	DATE CERS AND	DIRECTOR Change	RS IN 12
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE  Signature, typed or printed name of regulars TITLE NAME STREET ADDRESS	State of Florida, Such boligations of, Section and agent and little if applicable	n change was n 607.0505, F	authorized florida Statu TE: Registered A 13. 1.1 TITL 1.2 NAW	by thes.  Agent if	SUDDRESS 10	on's board of directors ad when renstating)  ADDITIONS/CHA	NGES TO OFFI	DATE CERS AND	DIRECTOR Change	RS IN 12
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	State of Florida, Such boligations of, Section and agent and little if applicable	n change was n 607.0505, F	authorized forida Statur TE: Registered / 13. 1.1 TITL 1.2 NAM	by thes.  Agent in  E  E  E  T  T  T  T  T  T  T  T  T  T	SUDDRESS 10	ad when renstating)  ADDITIONS/CHA  CPS  LCHOLAS E  0570 S FED	NGES TO OFFI	DATE CERS AND	DIRECTOR Change	RS IN 12
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	State of Florida, Such boligations of, Section and agent and little if applicable	n change was n 607.0505, F	authorized florida Staturite: Registered / 13. 1.1 TITL: 1.2 NAV 1.3 STRI	Agent :  E  E  E  T  T  F  E  T  T  E  T  E  T  T  E  T  T  E  T  T	SUPPLIES 1 CONTROL OF STREET S	on's board of directors  of when renstating)  ADDITIONS/CHA  CPS  ICHOLAS E  0570 S FED  ORT ST LUC	NGES TO OFFI LLICTT ERAL HW IE.FL 3	DATE CERS AND  Y, ST 4952	DIRECTOR  Change  Change	RS IN 12 Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  IITLE  NAME	State of Florida, Such boligations of, Section and agent and little if applicable	n change was n 607.0505, F	authorized florida Statu  TE: Registered /  13.  1.1 TITU  1.2 NAW  1.3 STRI  1.4 CITY  2.1 TITU	Agent :  E  E  E  F  E  E  F  E  E  E  E  E  E	DORESS 1 ODDRESS 1 O	on's board of directors of when renetating) ADDITIONS/CHA CPS ICHOLAS E 0570 S FED ORT ST LUC	NIGES TO OFFI LLACETT ERAL HW IE.FL 3	DATE CERS AND Y, ST 4952	DIRECTOR  Change  Change	RS IN 12 Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	State of Florida, Such boligations of, Section and agent and little if applicable	o change was n 607.0505, F	authorized clorida Staturite: Registered / 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLU 2.2 NAM 2.3 STRE 2.4 CITY	E EET AD  (-ST-)  E EET AD  (-ST-)  E EET AD	DORESS 1 ODDRESS 1 O	on's board of directors  of when renstating)  ADDITIONS/CHA  CPS  ICHOLAS E  0570 S FED  ORT ST LUC	NIGES TO OFFI LLACETT ERAL HW IE.FL 3	DATE CERS AND Y, ST 4952	DIRECTOR  Change  Change  E 200  Change	RS IN 12 Addition Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  TITLE  NAME	State of Florida, Such boligations of, Section and agent and little if applicable	n change was n 607.0505, F	authorized clorida Staturite: Registered / 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITU 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITU 3.1 TITLE	Agent :  E  E  E  E  E  F  F  F  F  F  F  F  F	DORESS 1 ODDRESS 1 O	on's board of directors of when renetating) ADDITIONS/CHA CPS ICHOLAS E 0570 S FED ORT ST LUC	NIGES TO OFFI LLACETT ERAL HW IE.FL 3	DATE CERS AND Y, ST 4952	DIRECTOR  Change  Change	RS IN 12 Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	State of Florida, Such boligations of, Section and agent and little if applicable	o change was n 607.0505, F	authorized florida Staturite: Registered / 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM	by thes.  E  RE  EEET AD  E  EEET AD  E  E  E  E  E  E  E  E  E  E  E  E  E	DORESS 1 ODDRESS	on's board of directors of when renstating) ADDITIONS/CHA CPS ICHOLAS E 0570 S FED ORT ST LUC 0570 S FED ORT ST LUC	ERAL HW IE FL 3	DATE CERS AND Y, ST 4952 Y, ST 4952	DIRECTOR  Change  Change  Change	AS IN 12  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o SIGNATURE  12. OFFICERS  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	State of Florida, Such boligations of, Section and agent and little if applicable	o change was n 607.0505, F	13. 1.1 TITLE 1.2 NAM 1.3 STRI 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI	Agent of the second of the sec	DORESS 1 0	on's board of directors  ad when renstating)  ADDITIONS/CHA  CPS  ICHOLAS E  0570 S FED  0570 S FED  ORT ST LUC  0570 S FED  ORT ST LUC	ERAL HW IE FL 3	DATE CERS AND Y, ST 4952 Y, ST	DIRECTOR  Change  Change  Change	AS IN 12  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	State of Florida, Such boligations of, Section and agent and little if applicable	o change was n 607.0505, F	authorized florida Staturite: Registered / 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM	Agent :  E  E  E  E  E  E  E  E  E  E  E  E  E	DORESS 1 0	on's board of directors of when renstating) ADDITIONS/CHA CPS ICHOLAS E 0570 S FED ORT ST LUC 0570 S FED ORT ST LUC	ERAL HW IE FL 3	DATE CERS AND Y, ST 4952 Y, ST 4952	DIRECTOR  Change  Change  Change	AS IN 12  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	State of Florida, Such boligations of, Section and agent and little if applicable	DELETE  DELETE  DELETE	authorized florida Staturite: Registered / 13. 1.1 TITLE 1.2 NAM 1.3 STRI 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITL 3.2 NAM 3.3 STRI 3.4 CITL 3.4 CITL 3.4 CITL 3.5 STRI 3.4 CITL 3.4 CITL 3.5 STRI 3.4 CITL 3.4 CITL 3.5 STRI 3.4 CITL 3.5 STRI 3.4 CITL	Agent :  E  E  E  E  E  E  E  E  E  E  E  E  E	DORESS 1 0	on's board of directors  ad when renstating)  ADDITIONS/CHA  CPS  ICHOLAS E  0570 S FED  0570 S FED  ORT ST LUC  0570 S FED  ORT ST LUC	ERAL HW IE FL 3	DATE CERS AND Y, ST 4952 Y, ST	DIRECTOR Change  E 200 Change  E 200 Change	AS IN 12  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	State of Florida, Such boligations of, Section and agent and little if applicable	DELETE  DELETE  DELETE	authorized florida Staturite: Registered / 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 4.4 CITY 4.1 TITLE	Agent :  E  E  E  E  E  E  E  E  E  E  E  E  E	DORESS 1 ODRESS 1 ODR	on's board of directors  ad when renstating)  ADDITIONS/CHA  CPS  ICHOLAS E  0570 S FED  0570 S FED  ORT ST LUC  0570 S FED  ORT ST LUC	ERAL HW IE FL 3	DATE CERS AND Y, ST 4952 Y, ST	DIRECTOR Change  E 200 Change  E 200 Change	AS IN 12  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	State of Florida, Such boligations of, Section and agent and little if applicable	DELETE  DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM	E E E E E E E E E E E E E E E E E E E	DORESS 1 ODRESS 1 ODR	on's board of directors  ad when renstating)  ADDITIONS/CHA  CPS  ICHOLAS E  0570 S FED  0570 S FED  ORT ST LUC  0570 S FED  ORT ST LUC	ERAL HW IE FL 3	DATE CERS AND Y, ST 4952 Y, ST	DIRECTOR  Change  E 200  Change  E 200  Change	As IN 12  Addition  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	State of Florida, Such boligations of, Section and agent and little if applicable	DELETE  DELETE  DELETE  DELETE	authorized florida Statu itE: Registered / 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRI 5.0 STRI	by thes.  E  E  E  E  E  E  E  E  E  E  E  E  E	DORESS 1 ODRESS 1 ODR	on's board of directors  ad when renstating)  ADDITIONS/CHA  CPS  ICHOLAS E  0570 S FED  0570 S FED  ORT ST LUC  0570 S FED  ORT ST LUC	ERAL HW IE FL 3	DATE CERS AND Y, ST 4952 Y, ST	DIRECTOR Change  E 200 Change  E 200 Change	AS IN 12  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	State of Florida, Such boligations of, Section and agent and little if applicable	DELETE  DELETE  DELETE	. authorized clorida Staturio (Corida St	by the state of th	DORESS 1 ODDRESS 2 ODDRESS	on's board of directors  ad when renstating)  ADDITIONS/CHA  CPS  ICHOLAS E  0570 S FED  0570 S FED  ORT ST LUC  0570 S FED  ORT ST LUC	ERAL HW IE FL 3	DATE CERS AND Y, ST 4952 Y, ST	DIRECTOR  Change  E 200  Change  E 200  Change	As IN 12  Addition  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	State of Florida, Such boligations of, Section and agent and little if applicable	DELETE  DELETE  DELETE  DELETE	authorized florida Status STE: Registered / 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLU 2.2 NAM 2.3 STRE 2.4 CITY 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLU 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLU 5.2 NAM 5.3 STRE 5	Agent :  E  E  E  E  E  E  E  E  E  E  E  E  E	DORESS 1 ODRESS 1 ODRESS 1 ODRESS 2 P P C DORESS 2 P P P P C DORESS 2 P P P P P P P P P P P P P P P P P P	on's board of directors  ad when renstating)  ADDITIONS/CHA  CPS  ICHOLAS E  0570 S FED  0570 S FED  ORT ST LUC  0570 S FED  ORT ST LUC	ERAL HW IE FL 3	DATE CERS AND Y, ST 4952 Y, ST	DIRECTOR  Change  E 200  Change  E 200  Change	As IN 12  Addition  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	State of Florida, Such boligations of, Section and agent and little if applicable	DELETE  DELETE  DELETE  DELETE	. authorized clorida Statu (Citrical Statu (Ci	by the s.  Agent :  E  E  E  E  E  E  E  E  E  E  E  E  E	DORESS 1 ODRESS 1 ODRESS 1 ODRESS 2 P P C DORESS 2 P P P P C DORESS 2 P P P P P P P P P P P P P P P P P P	on's board of directors of when renstating) ADDITIONS/CHA CPS ICHOLAS E 0570 S FED ORT ST LUC 0570 S FED ORT ST LUC	ERAL HW IE FL 3 ERLA HW IE FL 3	DATE CERS AND Y, ST 4952 Y, ST 4952	DIRECTOR  DIRECTOR  Change  E 200  Change  E 200  Change	RS IN 12  Addition  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	State of Florida, Such boligations of, Section and agent and little if applicable	DELETE  DELETE  DELETE  DELETE	. authorized clorida Statu (Corrida	by the s.  Agent :  E  E  E  E  E  E  E  E  E  E  E  E  E	DORESS 1 ODRESS 1 ODRESS 1 ODRESS 2 P P C DORESS 2 P P P P C DORESS 2 P P P P P P P P P P P P P P P P P P	on's board of directors of when renstating) ADDITIONS/CHA CPS ICHOLAS E 0570 S FED 0570 S FED 077 ST LUC	ERAL HW IE FL 3 ERLA HW IE FL 3	DATE CERS AND Y, ST 4952	DIRECTOR  DIRECTOR  Change  E 200  Change  Change  Change	As IN 12  Addition  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	State of Florida, Such boligations of, Section and agent and little if applicable	DELETE  DELETE  DELETE  DELETE	. authorized clorida Statu   TE: Registered / 13.   1.1 TITLE   1.2 NAM   1.3 STRI   2.4 CITY   2.1 TITLE   3.2 NAM   3.3 STRI   3.4 CITY   4.1 TITLE   4.2 NAM   4.3 STRI   4.4 CITY   5.1 TITLE   5.2 NAM   5.3 STRI   5.4 CITY   6.1 TITLE   6.2 NAM	Dy thes.  Agent :  E EET AD :  E HE	DORESS 1 ODDRESS 1 ODDRESS 2IP PC	on's board of directors of when renstating) ADDITIONS/CHA CPS ICHOLAS E 0570 S FED 0570 S FED 0570 S FED 077 ST LUC	ERAL HW IE FL 3  ERAL HW IE FL 3	DATE CERS AND Y, ST 4952	DIRECTOR  DIRECTOR  Change  E 200  Change  Change  Change	RS IN 12  Addition  Addition  Addition
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o  SIGNATURE  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	State of Florida, Such boligations of, Section and agent and little if applicable	DELETE  DELETE  DELETE  DELETE	. authorized clorida Statu (Corrida	Agent :  E EET AD  F E E E E ET AD  F E E E E ET AD  F E E E E E E ET AD  F E E	DORESS 1 ODRESS 2IP PC	on's board of directors of when renstating) ADDITIONS/CHA CPS ICHOLAS E 0570 S FED 0570 S FED 077 ST LUC	ERAL HW IE FL 3  ERAL HW IE FL 3	DATE CERS AND Y, ST 4952	DIRECTOR  DIRECTOR  Change  E 200  Change  Change  Change	RS IN 12  Addition  Addition  Addition