

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # NONE - NO FORMS RECEIVED - NEW COMPANY
 1. Corporation Name

SUNMED MANAGEMENT CORPORATION

P9700000205645



Principal Place of Business: 10570 S. FEDERAL HWY, PORT ST LUCE FL 34952
 Mailing Address: 10570 S. FEDERAL HWY, PORT ST LUCE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **1997**

21. Principal Place of Business SAME	26. Mailing Address SAME	4. FEI Number 65-0779935	Applied For Not Applicable
22. Suite, Apt. #, etc. 200	27. Suite, Apt. #, etc. 200	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State SAME	28. City & State SAME	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip SAME	29. Zip SAME	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ELLIOTT, NICHOLAS
 10570 S. FEDERAL HWY, STE 200
 PORT ST LUCE FL 34952

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 607.0502 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 renaming) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	DCPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	NICHOLAS ELLIOTT
STREET ADDRESS		1.3 STREET ADDRESS	10570 S FEDERAL HWY, STE 200
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	_____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	_____
STREET ADDRESS		2.3 STREET ADDRESS	10570 S FEDERAL HWY, STE 200
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	_____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	_____
STREET ADDRESS		3.3 STREET ADDRESS	10570 S FEDERAL HWY, STE 200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	_____
STREET ADDRESS		4.3 STREET ADDRESS	_____
CITY-ST-ZIP		4.4 CITY-ST-ZIP	_____
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	_____
STREET ADDRESS		5.3 STREET ADDRESS	_____
CITY-ST-ZIP		5.4 CITY-ST-ZIP	_____
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	500002537335 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/27/98--01095--010
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		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: _____ *5/31/98* *5613314741*