

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 21 SAME Suite, Apt. #, etc.	26a. Mailing Address 26 SAME Suite, Apt. #, etc.	4. FEI Number 65-0779935	Applied For Not Applicable
22. City & State 22 200	27. City & State 27 200	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 23 SAME	28. Zip 28 SAME	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country 24 SAME	29. Country 29 SAME	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

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 _____
 Signatures, typed or printed name of registered agent and title if applicable. (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	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		2.2 NAME	10570 S FEDERAL HWY, STE 200
STREET ADDRESS		2.3 STREET ADDRESS	PORT ST LUCIE FL 34952
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		3.2 NAME	10570 S FEDERAL HWY, STE 200
STREET ADDRESS		3.3 STREET ADDRESS	PORT ST LUCIE FL 34952
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	
STREET ADDRESS		6.3 STREET ADDRESS	-05/27/98--01095--010
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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: _____ *[Signature]* **5/31/98** **5613314741**