


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

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90084 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #P98000029651
 1. Corporation Name
MEDICAL FIRST, INC.

Principal Place of Business Mailing Address
1101 96th Street
Suite 505
Bay Harbour Islands, FL 33154

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
3/31/98

2. Principal Place of Business 2a. Mailing Address
 21 **3050 Biscayne Boulevard** 26 **3050 Biscayne Boulevard**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **801** 27 **801**
 City & State City & State
 23 **Miami, FL** 28 **Miami, FL**
 Zip Country Zip Country
 24 **33137** 25 **US** 29 **33137** 30 **US**

4. FEI Number Applied For
65-0829526 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
American Information Services, Inc.
1 SE 3 Ave., 28th Floor
Miami, Florida 33131

10. Name and Address of New Registered Agent
 81 Name **Law Offices of Craig M. Dorne, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable)
3050 Biscayne Boulevard, Suite 801
 83
 84 City **Miami** 85 Zip Code **FL 33137**

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  **Craig M. Dorne** 1/ /99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Director, President, V. Pre <input type="checkbox"/> DELETE
NAME	Alan Dorne
STREET ADDRESS	3050 Biscayne Blvd, #801
CITY-ST-ZIP	Miami, FL 33137
TITLE	Director, Treasurer, Secretary <input type="checkbox"/> DELETE
NAME	Vilma D. Quintana
STREET ADDRESS	3050 Biscayne Blvd., #801
CITY-ST-ZIP	Miami, FL 33137
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:  **Vilma D. Quintana, Treasurer** 1/ /99 (305) 576-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #