

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

FILED

**May 20 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V48843 (9)
1. Corporation Name
MEDICARD AMERICA, INC.



Principal Place of Business
**7800 SW 87 AVE
SUITE C-350
MIAMI FL 33173**

Mailing Address
**7800 SW 87 AVE
SUITE C-350
MIAMI FL 33173-3570**

3. Date Incorporated or Qualified: **07/06/1992**
3a. Date of Last Report: **06/25/1996**

4. FEI Number: **65-0345678**
Applied For: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **6500 SW 114th ST.**
Suite, Apt. #, etc.
22.
City & State
23. **Miami, FL.**
Zip
24. **33156**
Country
25. **USA**

2a. Mailing Address
26. **6500 SW 114th ST.**
Suite, Apt. #, etc.
27.
City & State
28. **Miami, FL.**
Zip
29. **33156**
Country
30. **USA**

9. Name and Address of Current Registered Agent
**MADORSKY, MARSHA G.
2685 S BAYSHORE DR
SUITE 603
MIAMI FL 33133**

10. Name and Address of New Registered Agent
B1 Name: **Robert H. Karl, M.D.**
B2 Street Address (P.O. Box Number is Not Applicable): **6500 SW 114th ST.**
B3
B4 City: **Miami, FL** B5 Zip Code: **33156**

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: *Robert H. Karl, M.D.* Robert H. Karl, M.D., President 4/29/97
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KARL, ROBERT H.	
STREET ADDRESS	6500 SW 114 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	NISONSON, IAN	
STREET ADDRESS	7800 SW 87 AVE #C-350	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MADORSKY, MARTIN	
STREET ADDRESS	7800 SW 87 AVE #C-350	
CITY-ST-ZIP	MIAMI FL	
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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Ronald Goldstein	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President	
2.3 STREET ADDRESS	6500 SW 114th St.	
2.4 CITY-ST-ZIP	Miami, FL. 33156	
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		

14. I do 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 registered agent 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 omitted previously.

SIGNATURE: *Robert H. Karl, M.D.* Robert H. Karl, M.D., President 4/29/97
305-595-6211

CR2E034 (9/96)