


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

FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000095737 (8)

1. Corporation Name
CAREMED HEALTH VENTURES, INC.



Principal Place of Business 8325 NW 53RD STREET SUITE 100 MIAMI FL 33166	Mailing Address 8325 NW 53RD STREET SUITE 100 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8125 NW 53 Street Suite, Apt. #, etc. 22 116 City & State 23 Miami, FL Zip 24 33166		2a. Mailing Address 26 P.O. Box 141966 Suite, Apt. #, etc. 27 City & State 28 Coral Gables, FL Zip 29 33114-1966 Country 30 USA		3. Date Incorporated or Qualified 11/22/1996	
				4. FEI Number 65-0710052 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 DIAZ, MARIALENA 8325 NW 53RD STREET SUITE 100 MIAMI FL 33166				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8125 NW 53 Street 83 Suite #116 84 City Miami FL 85 Zip Code 33166			
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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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CEJAS, PAUL L			1.2 NAME	Julie Neitzel		
STREET ADDRESS	200 S. BISCAYNE BLVD, STE 2410			1.3 STREET ADDRESS	420 Lincoln Road, #432		
CITY-ST-ZIP	MIAMI FL 33131			1.4 CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, OSVALDO S			2.2 NAME			
STREET ADDRESS	8325 NW 53RD STREET, STE 100			2.3 STREET ADDRESS	8125 NW 53 Street, Suite 116		
CITY-ST-ZIP	MIAMI FL 33166			2.4 CITY-ST-ZIP	Miami, FL 33166		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CEJAS, PALBO L			3.2 NAME	Pablo L. Cejas (Spelling)		
STREET ADDRESS	200 S. BISCAYNE BLVD, STE 2410			3.3 STREET ADDRESS	420 Lincoln Road, Suite 432		
CITY-ST-ZIP	MIAMI FL 33131			3.4 CITY-ST-ZIP	Miami Beach, FL 33139		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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:

OSVALDO MARTINEZ, PRESIDENT

2/25/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)