

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

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 513493 (7)

1. Corporation Name
JUAN MARTIN LEBORGNE, M.D. AND ASSOCIATES, PROFESSIONAL ASSOCIATION

Principal Place of Business 7385 S.W. 109TH TERRACE MIAMI FL 33156	Mailing Address 7385 S.W. 109TH TERRACE MIAMI FL 33156-3865
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/13/1976	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1692714	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEBORGNE, JUAN MARTIN
7385 S.W. 109TH TERRACE
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required with reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEBORGNE, JUAN MARTIN	
STREET ADDRESS	7385 SW 109TH TERRACE	
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		
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 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 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.

Juan Martin Leborgne 6-12-97

CR2E034 (9/96)



June 4, 1997

RE: REINSTATEMENT OF PARTNERSHIP STATUS

Dear Partner:

As we advised you in our most recent correspondence, the conversion of PAL-MED Health Services to Provider Innovations, Inc. was never consummated. Accordingly, each partner of PAL-MED must immediately undertake the steps necessary to reinstate its partner status and to establish the same banking accounts in effect as of December 31, 1996.

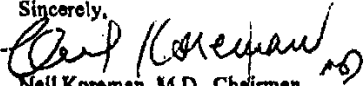
For those partners who maintained S Corporations for their PAL-MED interest, the following steps must be taken:

1. An annual report must be filed with the Secretary of State in order to reinstate the corporation. (A copy of reinstatement form is attached hereto). A check in the amount of \$165.00 must accompany the form, and should be written on the S Corporation ("Inc.") bank account. Also, you must attach a copy of the enclosed letter of reasonable cause for late filing of the Annual Report. In the event you are notified that the reasonable cause is unacceptable, please let Rosa Garcia know and PAL-MED will either assist you, or reimburse you for the additional costs associated with filing your report late. **THE REINSTATEMENT FORM MUST BE POSTMARKED BY JUNE 15, 1997 IN ORDER TO BE CONSIDERED FOR THE REDUCED FILING FEE.**
2. Please contact Sara Bacallao at United National Bank at 557-6200 in order to re-establish your bank account if the account has been closed.
3. You will be receiving an amended Form K-1 for 1996 which indicates that it is not the final K-1, and which reinstates your year-end capital account balance. Please consult with your tax advisor as to how this matter should be best handled with the IRS.

For those partners who were not corporations, all that is necessary is to reopen your bank account with the United National Bank as discussed in item 2 above.

If anyone has any questions regarding these instructions, please contact Rosa Garcia at the PAL-MED office at 362-1986.

Sincerely,


Neil Koreman, M.D., Chairman
Steering Committee

Enclosures

661-1079