

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

FILED

Apr 25 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 # 600049 (1)
1. Corporation Name
LAUDERDALE MEDICAL GROUP, INC.



Principal Place of Business CIAITON 3000 BAYVIEW DRIVE FT LAUDERDALE FL 33306	Mailing Address CIAITON 3000 BAYVIEW DRIVE FT LAUDERDALE FL 33306-1772
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1961		3a. Date of Last Report 03/12/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0940645		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent ANDREAE, ROBERT L. 3000 BAYVIEW DR FORT LAUDERDALE FL 33306				10. Name and Address of New Registered Agent			
81 Name HARRELL, TIMOTHY C				82 Street Address (P.O. Box Number Is Not Acceptable) 3000 BAYVIEW DR			
83				84 City FT. LAUDERDALE			
				85 Zip Code FL 33306			

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: *Timothy C. Harrell* DATE: 3/10/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREAE, ROBERT L.	1.2 NAME	
STREET ADDRESS	3000 BAYVIEW DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARMAN, SHELDON T.	2.2 NAME	
STREET ADDRESS	3000 BAYVIEW DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, TIMOTHY C	3.2 NAME	
STREET ADDRESS	3000 BAYVIEW DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADDELL, ARTHUR L.	4.2 NAME	
STREET ADDRESS	3000 BAYVIEW DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ARMAND J	5.2 NAME	
STREET ADDRESS	3000 BAYVIEW DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE	Sam <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VD
STREET ADDRESS		6.3 STREET ADDRESS	Campbell, DOYLE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	3000 BAYVIEW DR FT. LAUDERDALE, FL 33306

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.

SIGNATURE: *Timothy C. Harrell* DATE: 3/10/97 (954) 565-4811
Signature, typed or printed name of signing officer or director