

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

FILED
Mar 18 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 # 663117 (0)
1. Corporation Name
CAC MEDICAL CENTERS, INC.

Principal Place of Business
75 VALENCIA AVE.
CORAL GABLES FL 33134

Mailing Address
9900 BREN RD E
300 OPUS CTR
MINNETONKA MN 55343
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1979	
21	Suite, Apt. #, etc.	26	300 Opus Center 9900 Bren Rd E	4. FEI Number 59-2171285	Applied For Not Applicable
22	City & State	27	City & State Minnetonka, MN	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 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		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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	PD	1.1 TITLE	
NAME	MCQUIRE, WILLIAM W. W.	1.2 NAME	P Luis E. Lamela
STREET ADDRESS	9900 BREN ROAD EAST	1.3 STREET ADDRESS	75 Valencia Ave
CITY-ST-ZIP	MINNETONKA MN 55343	1.4 CITY-ST-ZIP	Coral Gables, FLA 33134
TITLE	EVP	2.1 TITLE	
NAME	WILLS, TRAVERS H	2.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	SPICOLA, BRIGID M. Brigid	3.2 NAME	Spicola, Brigid M
STREET ADDRESS	9900 BREN ROAD EAST	3.3 STREET ADDRESS	9900 Bren Rd E
CITY-ST-ZIP	MINNETONKA MN	3.4 CITY-ST-ZIP	Minnetonka, MN 55343
TITLE	D	4.1 TITLE	D
NAME	MCQUIRE, WILLIAM W. W.	4.2 NAME	James G. Carlson
STREET ADDRESS	9900 BREN ROAD EAST	4.3 STREET ADDRESS	8330 Boone Blvd, Suite 300
CITY-ST-ZIP	MINNETONKA MN	4.4 CITY-ST-ZIP	Vienna, VA 22182
TITLE	DVP	5.1 TITLE	
NAME	KOPPE, DAVID P	5.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	T
NAME		6.2 NAME	Allan J. Weiss
STREET ADDRESS		6.3 STREET ADDRESS	300 Opus Center, 9900 Bren Rd E
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Minnetonka, MN 55343

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:  Brigid M. Spicola, Secretary 2/24/98 (612)936-1738

CR2E034 (10/97)