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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 696949			
1. Corporation Name MICHAEL S. GILINSKY, M.D., INC.			
Principal Place of Business 1400 N E MIAMI GARDENS DR N MIAMI BCH FL 33179		Mailing Address 1400 N E MIAMI GARDENS DR N MIAMI BCH FL 33179	
2. Principal Place of Business 21 4300 Alton Road Suite, Apt. #, etc. 22		2a. Mailing Address 26 4300 Alton Road Suite, Apt. #, etc. 27 Warner Bldg. 5th Flr.	
23 City & State Miami - Beach, FL		28 City & State Miami Beach, FL	
24 Zip 33140 Country		29 Zip 33140 Country	
9. Name and Address of Current Registered Agent GILINSKY, M.S. 1400 N E MIAMI GARDENS DR NO MIAMI BCH FL 33179		10. Name and Address of New Registered Agent 81 Name Alyson R. Osman 82 Street Address (P.O. Box Number is Not Acceptable) 4300 Alton Road 83 84 City Miami Beach, FL 85 Zip Code 33140	
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 and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Alyson R. Osman, Esq. DATE 2/23/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME GILINSKY, MICHAEL STREET ADDRESS 1400 N.E. MIAMI GARDENS DR. CITY-ST-ZIP N. MIAMI BEACH FL 33179		1.1 TITLE 1.2 NAME Larry Hudson 1.3 STREET ADDRESS 4300 Alton Road 1.4 CITY-ST-ZIP Miami Beach, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE D 2.2 NAME Carol F. Rosasco 2.3 STREET ADDRESS 4300 Alton Road 2.4 CITY-ST-ZIP Miami Beach, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE D 3.2 NAME Bruce Perry 3.3 STREET ADDRESS 4300 Alton Road 3.4 CITY-ST-ZIP Miami Beach, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:  LARRY HUDSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

(305) 674-2143

Date

Daytime Phone #

CR2E034 (11/98)