

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 734424 (5)**

1. Corporation Name

**CADUCEUS SELF INSURANCE FUND, INC.**

Principal Place of Business

Mailing Address

**5430 NW 33RD AVE.  
SUITE 100  
FT LAUDERDALE FL 33309****5430 NW 33RD AVE.  
SUITE 100  
FT LAUDERDALE FL 33309-6368**3. Date Incorporated or Qualified  
**11/25/1975**3a. Date of Last Report  
**04/22/1996**

2. Principal Place of Business

2a. Mailing Address

**21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCMENAMIN, KATHERINE K.  
5430 N.W. 33RD AVE., SUITE 100  
FT LAUDERDALE FL 33309-6990****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 617.0502 and 617.1508, 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 617.0503, 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          | CEO                    | <input type="checkbox"/> DELETE |
| NAME           | MCMENAMIN, KATHERINE K |                                 |
| STREET ADDRESS | 2780 NE 23RD ST        |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL       |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | STD                | <input type="checkbox"/> DELETE |
| NAME           | LIEBLING, MARTIN E |                                 |
| STREET ADDRESS | 7231 SW 63RD AVE   |                                 |
| CITY-ST-ZIP    | S MIAMI FL         |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | CD                    | <input type="checkbox"/> DELETE |
| NAME           | FEINSTEIN, RICHARD J. |                                 |
| STREET ADDRESS | 3661 S. MIAMI AVE     |                                 |
| CITY-ST-ZIP    | MIAMI FL              |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | D                  | <input type="checkbox"/> DELETE |
| NAME           | KUDZMA, DAVID J.   |                                 |
| STREET ADDRESS | 4302 ALTON RD #560 |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL     |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | MCADORY, JOHN THOMAS |                                 |
| STREET ADDRESS | 9380 SW 150TH ST     |                                 |
| CITY-ST-ZIP    | MIAMI FL             |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | VD                  | <input type="checkbox"/> DELETE |
| NAME           | KUMP, JOSEPH G      |                                 |
| STREET ADDRESS | 50 EAST SAMPLE ROAD |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL    |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Katherine K. MCMENAMIN*

1/17/97

(954) 735-4530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000000

CR2E037 (9/96)