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Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758555 (7)

1. Corporation Name

**SOUTHEAST FLORIDA SOCIETY FOR HEALTHCARE MATERIA
LS MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

% HUMBERTO MINO
5500 S.W. 3RD ST.
PLANTATION FL 33317
US

% HUMBERTO MINO
5500 S.W. 3RD ST.
PLANTATION FL 33317-3582
US

3. Date Incorporated or Qualified
05/28/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o Miami Children's Hosp

26 c/o Miami Children's Hosp

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Materiel Services

27 Materiel Services

City & State

City & State

23 3100 SW 62nd Ave Miami, FL

28 3100 SW 62nd Ave Miami, FL

Zip

Country

Zip

Country

24 33155-3009

25 USA

29 33155-3009

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMBERTO MINO
5500 S.W. 3RD ST.
PLANTATION FL 33317

81 Name

Patricia L. Brown

82

Street Address (P.O. Box Number is Not Acceptable)

miami Children's Hospital

83

materiel Services 3100 SW 62nd Ave

84

City
Miami

FL

85

Zip Code
33155

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

Patricia L. Brown
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/29/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINO, HUMBERTO	1.2 NAME	Brown, Patricia L.
STREET ADDRESS	5500 S.W. 3RD STREET	1.3 STREET ADDRESS	12201 SW 148 ST. #501
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Miami, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA FONTAINE, ELIZABETH	2.2 NAME	Lester, James C.
STREET ADDRESS	11030 NW 33RD CT.	2.3 STREET ADDRESS	3350 Emerald Pointe Dr.
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITA, LOURDEZ	3.2 NAME	Mino, Humberto
STREET ADDRESS	6900 N.W. 30TH AVE.	3.3 STREET ADDRESS	5500 SW 3Rd Street
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Plantation, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PATRICIA L.	4.2 NAME	Ragland, Philip
STREET ADDRESS	12201 S.W. 148TH ST. #501	4.3 STREET ADDRESS	1475 SW 49St
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	mialeah, FL 33012
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINO, HUMBERTO	5.2 NAME	
STREET ADDRESS	5500 S.W. 3RD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33140	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMSON, DALE	6.2 NAME	
STREET ADDRESS	5500 S.W. 3RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	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

Patricia L. Brown

5/29/97

CR2E037 (9/96)