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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F67376 (6)

MEDICAL INDEPENDENT PHYSICIANS ASSOCIATION, INC.

Principal Place of Business

Meeting Address

ATTN: JOHN KIRBY
2500 SW 75TH AVE
MIAMI FL 33155-2805
US

ATTN: JOHN KIRBY
2500 SW 75TH AVE
MIAMI FL 33155
US

2. Company Type of Principal

2a. Meeting Address

21 State App. Book

26 State App. Book

22 City & State

27 City & State

23 Zip County

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

KIRBY, JOHN
2500 SW 75TH AVE
MIAMI FL 33155

81 Name

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

83

84 City

FL 85 Zip Code

11. I, the undersigned, being of full legal age and a citizen of the State of Florida, hereby certify that the above named corporation submits this statement for the purpose of changing its registered agent, and that the person named in the statement of Florida Statute 607.021(1) was authorized by the corporation's board of directors to hereby accept the appointment as registered agent of the corporation and to execute the report as required by Chapter 607, Florida Statutes.

SIGNATURE OF REGISTERED AGENT: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: STD 2. ADDRESS: URLICH, SYLVIA 3. CITY & STATE: 2500 SW 75TH AVE 4. MIAMI, FL 00000 5. TITLE: P	1. NAME: _____ 2. ADDRESS: _____ 3. CITY & STATE: _____ 4. MIAMI, FL 00000
6. NAME: URLICH, SYLVIA 7. ADDRESS: 2500 SW 75TH AVE 8. CITY & STATE: MIAMI, FL 00000	9. NAME: _____ 10. ADDRESS: _____ 11. CITY & STATE: _____ 12. MIAMI, FL 00000
13. NAME: _____ 14. ADDRESS: _____ 15. CITY & STATE: _____ 16. MIAMI, FL 00000	17. NAME: _____ 18. ADDRESS: _____ 19. CITY & STATE: _____ 20. MIAMI, FL 00000
19. NAME: _____ 20. ADDRESS: _____ 21. CITY & STATE: _____ 22. MIAMI, FL 00000	23. NAME: _____ 24. ADDRESS: _____ 25. CITY & STATE: _____ 26. MIAMI, FL 00000
25. NAME: _____ 26. ADDRESS: _____ 27. CITY & STATE: _____ 28. MIAMI, FL 00000	29. NAME: _____ 30. ADDRESS: _____ 31. CITY & STATE: _____ 32. MIAMI, FL 00000
31. NAME: _____ 32. ADDRESS: _____ 33. CITY & STATE: _____ 34. MIAMI, FL 00000	35. NAME: _____ 36. ADDRESS: _____ 37. CITY & STATE: _____ 38. MIAMI, FL 00000
37. NAME: _____ 38. ADDRESS: _____ 39. CITY & STATE: _____ 40. MIAMI, FL 00000	41. NAME: _____ 42. ADDRESS: _____ 43. CITY & STATE: _____ 44. MIAMI, FL 00000
43. NAME: _____ 44. ADDRESS: _____ 45. CITY & STATE: _____ 46. MIAMI, FL 00000	47. NAME: _____ 48. ADDRESS: _____ 49. CITY & STATE: _____ 50. MIAMI, FL 00000
49. NAME: _____ 50. ADDRESS: _____ 51. CITY & STATE: _____ 52. MIAMI, FL 00000	53. NAME: _____ 54. ADDRESS: _____ 55. CITY & STATE: _____ 56. MIAMI, FL 00000
55. NAME: _____ 56. ADDRESS: _____ 57. CITY & STATE: _____ 58. MIAMI, FL 00000	59. NAME: _____ 60. ADDRESS: _____ 61. CITY & STATE: _____ 62. MIAMI, FL 00000
61. NAME: _____ 62. ADDRESS: _____ 63. CITY & STATE: _____ 64. MIAMI, FL 00000	65. NAME: _____ 66. ADDRESS: _____ 67. CITY & STATE: _____ 68. MIAMI, FL 00000

14. I hereby certify that the information appearing in this report is true and correct 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, and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this report.

SIGNATURE: *[Signature]* SYLVIA URLICH STD 4-27-98 305-264-5252

CR2E034 (10/97)