

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra B. Mortl
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # **F94000004771 (1)**

1. Corporation Name

HEALTH MANAGEMENT NETWORK, INC.



Principal Place of Business

**12081 ASHFORD LANE
DAVIE FL 33325
US**

Mailing Address

**12081 ASHFORD LANE
DAVIE FL 33325-5239
US**

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

02/13/1996

2. Principal Place of Business

21 10400 GRIFFIN ROAD

Suite, Apt. #, etc.

22 SUITE 208

City & State

23 Coral Gables, FL

Zip

24 33328

Country

25 US

2a. Mailing Address

26 10400 GRIFFIN ROAD

Suite, Apt. #, etc.

27 SUITE 208

City & State

28 Coral Gables, FL

Zip

29 33328

City

30 15

4. FEI Number

65-0501057

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

**CARLOW, MICHAEL
12081 ASHFORD LANE
DAVIE FL 33325**

Name

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

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the re-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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	CARLOW, MICHAEL	12081 ASHFORD LANE	DAVIE FL 33325	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1. TITLE	1.2. NAME	1.3. STREET ADDRESS	1.4. CITY - ST - ZIP	Change	Addition
2.1. TITLE	2.2. NAME	2.3. STREET ADDRESS	2.4. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1. TITLE	3.2. NAME	3.3. STREET ADDRESS	3.4. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1. TITLE	4.2. NAME	4.3. STREET ADDRESS	4.4. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1. TITLE	5.2. NAME	5.3. STREET ADDRESS	5.4. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1. TITLE	6.2. NAME	6.3. STREET ADDRESS	6.4. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (954) 680-3760
State Daytime Phone #