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**PROFIT CORPORATION** ANNUAL REPORT 1998 **DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

H81038

(2)

## FILED Mar 20 1998 8:00am Secretary of State

Suite, Apt. #, etc.    Suite, Apt. #, etc.
Principal Place of Business  Mailing Addross  % CHARLES P. SACHER 2855 LEJEUNE ROAD. SUITE 1101 CORAL GABLES FI. 33134-5872  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Principal Place of Business  2c. Principal Place of Business  2d. Mailing Address  2e. Mailing Address  2f. Principal Place of Business  2g. Mailing Address  4. FEI Number  59-2589578  Applied For  59-2589578  Not Applied For  59-2589578  Suito, Apt. #, etc.  2c. City & State  2c. City & State  2d. Country  2d. Country  2d. Country  2d. Country  2d. Sign Country
Principal Place of Business  Mailing Address  % CHARLES P. SACHER 2855 LEJEUNE ROAD. SUITE 1101 CORAL GABLES FI. 33134-5872  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Principal Place of Business  2c. Principal Place of Business  2d. Mailing Address  2e. Mailing Address  4. FEI Number  59-2589578  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  10/14/1985  4. FEI Number  59-2589578  Do Not Applied For  59-2589578  Suito, Apt. #, etc.  2c. Suito, Apt. #, etc.  2c. City & State  City & State  City & State  City & State  2d. Country  7tp  Country  8. This corporation owes or has paid the original year Intangible  Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent  SACHER, CHARLES P.  2855 LEJEUNE ROAD  SUITE 1101  CORAL GABLES FL  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  85 Zip Code  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 reserved as 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 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 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
2655 LEJEUNE ROAD. SUITE 1101 CORAL GABLES FL 33134-5872  2. Principal Place of Business 3. Date Incorporated or Qualified 10/14/1985  2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 10/14/1985  4. FEI Number 59-2589578  Not Applied For Not Applied For Suite, Apt. #, etc. 27  City & State 28  City & State 29  City & State 29  Country 21  Country 29  Country 29  Country 30  Country 40  Count
3. Date Incorporated or Qualified 10/14/1985  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 10/14/1985  4. FEI Number 59-2589578  Suite, Apt. #, etc. 22  City & State  City & State  City & State  City & State  Country 28  Zip Country 29  20  30  Country 30  Trust Fund Contribution Added to Fees Address of Current Registered Agent  SACHER, CHARLES P. 2855 LEJEUNE ROAD SUITE 1101 CORAL GABLES FL  81  City City City City Country C
2. Principal Place of Busines
28. Mailing Address 29. Suite, Apt. #, etc. 20. City & State 21. City & State 22. City & State 23. City & State 24. Country 25. 29. 30. Country 26. Suite, Apt. #, etc. 27. Country 28. This corporation owes or has paid the correct year large
25 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Registered Agent  10. Name and Address of New Registered Agent  Xive  No  Xive  No  Xive  Xive
Suite, Apt. #, etc.    Suite, Apt. #, etc.
5. Certificate of Status Desired Fee Required  City & State  City & State  City & State  28  City & State  28  Country  Fig.  Fig
City & State  28  Country  7/p  Country  29  30  Country  9, Name and Address of Current Registered Agent  SACHER, CHARLES P.  2655 LEJEUNE ROAD  SUITE 1101  CORAL GABLES FL  81  City  8. Election Campaign Financing Trust Fund Contribution  8. This corporation owes or has paid the correct year Intangible Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  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. I hereby accept the appointment as 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, 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, 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, or both, in the State of Florida.
Trust Fund Contribution Added to Fees  Zip Country Zip Country Beginner Interngible  25 29 30 Personal Property Tax due June 30 Yes No  9. Name and Address of Current Registered Agent  SACHER, CHARLES P. 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES FL  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83
Zip Country Zip Country Zip Country Registered Agent Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  SACHER, CHARLES P. 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES FL  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  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. I hereby accept the appointment as 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
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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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE Signature, typed or printed name of registered agent and line if applicable (NOTE, Registered Agent signature required when reinstalling)  DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DP DELETE 1.1 TITLE Change Addition
NAME AZAR, CARLOS A., M.D. 1.2 NAME
STREET ADDRESS 355 CASUARINA CONCOURSE 1.3 STREET ADDRESS
CITY-ST-ZIP CORAL GABLES FL 1,4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS : CO
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE Change Additio
NAME 52 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP  6.4 CITY-ST-ZIP  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

Thereby coming that the information supplies with this intition the exemption stated in Section 119.07(3)(i), Florida Statutes. Turner certify that the information indicated on this annual report or suppliementation must 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 this corporation or the receiver by traditionarm, owered 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 attacking it with a address.