

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00.

FILED

**Jun 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H82724 (6)

1. Corporation Name
ALEXANDER C. ANGELIDES, INC.



Principal Place of Business 7100 WEST 20TH AVENUE, SUITE 101 HIALEAH FL 33016	Mailing Address C/O ALAN R. CHASE 9400 S. DADELAND BLVD., SUITE 600 MIAMI FL 33156-2822 US
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3. Date Incorporated or Qualified 10/28/1985	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2584727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CHASE, ALAN R ESQ.
9400 S. DADELAND BLVD., SUITE 600
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	ANGELIDES, ALEXANDER C.	
STREET ADDRESS	7100 W. 20TH AVE, #101	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	
2.2 NAME	Angelides, Nicole	
2.3 STREET ADDRESS	7100 W. 20th Ave, Suite 101	
2.4 CITY-ST-ZIP	Hialeah, FL 33016	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Angelides, Alexandria	
3.3 STREET ADDRESS	7100 W. 20th Ave, Suite 101	
3.4 CITY-ST-ZIP	Hialeah, FL 33016	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 provided 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 holder or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, for an attachment with an address.

[Handwritten Signature]

CR2E034 (9/96)

NOTICE OF REASONABLE CAUSE
FOR LATE FILING OF ANNUAL REPORT
1997

This corporation is a partner in PAL-MED Health Services, a partnership comprised of 204 partners, approximately 190 of which are Florida corporations.

In November, 1996 PAL-MED Health Services undertook steps to convert from a Florida partnership into a Florida corporation, and established Provider Innovations, Inc. for this purpose.

As of January 1, 1997 PAL-MED commenced operating as Provider Innovations, Inc. and advised each of its partners that there was no longer any need to maintain their corporations which were established for the sole purpose of holding their PAL-MED shares. They were further instructed not to file their annual reports and to allow their corporations to be involuntarily dissolved.

On May 20, 1997 a review of the conversion from PAL-MED Health Services to Provider Innovations, Inc. revealed that all of the legal steps necessary for the conversion were not consummated, and therefore the conversion was never effectuated. As a result the PAL-MED partnership was still in effect, and its individual and corporate partners remained in their same capacity as prior to January 1st.

Accordingly, each of the corporations which owns an interest in PAL-MED Health Services was instructed on June 4, 1997 to immediately file their annual reports and to attach this explanation of reasonable cause.