

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

**FILED**

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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # H82731 (1)**

1. Corporation Name  
**ORESTES G. ROSABAL, INC.**



Principal Place of Business <b>7100 WEST 20TH AVENUE, SUITE 101 HALEAH FL 33016</b>	Mailing Address <b>C/O ALAN R. CHASE, ESQ. 9400 S. DADELAND BLVD., SUITE 600 MIAMI FL 33156-2822 US</b>
--	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/28/1985</b>	3a. Date of Last Report <b>03/22/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2584733</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CHASE, ALAN R ESQ. 9400 SOUTH DADELAND BLVD. SUITE 600 MIAMI FL 33156</b>		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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSABAL, ORESTES G</b>	1.2 NAME	
STREET ADDRESS	<b>7100 W 20TH AVE SUITE 101</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALEAH FL</b>	1.4 CITY-ST-ZIP	<b>Hialeah, FL 33016</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Rosabal, Babette</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>7100 W. 20th Ave, Suite 101</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Hialeah, FL 33016</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 recipient of the same empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an agreement with an address.

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.