

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

APPROVED AND FILED

1997 JUN 11 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J40746

1. Corporation Name

MURRAY KANE, INC.

Principal Place of Business

Mailing Address

**100 N.W. 170th Street, Suite 203
N. Miami Beach, Florida 33169**

3. Date Incorporated or Qualified	3a. Date of Last Report
10/30/86	5/1/96
4. FEI Number	Applied For (No. Applicable)
65-0036002	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for taxable tax under s. 189.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	10.1 Name: Murray Kane
	10.2 Street Address (P.O. Box Number is Not Acceptable): 100 N.W. 170th Street
	10.3: Suite 203
	10.4: City: N. Miami Beach FL 33169

11. Pursuant to the provisions of Section 607.0602 and 607.0603, 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, hereby accept the appointment as registered agent, and accept the responsibility, with and accept the responsibility, under Section 607.0505, Florida Statutes.

SIGNATURE: *Murray Kane* 6/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	President
STREET ADDRESS		13. STREET ADDRESS	100 N.W. 170th Street, #203
CITY, STATE, ZIP		14. CITY, STATE, ZIP	N.M.B., Florida 33169
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, STATE, ZIP		24. CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	300002208813-9
STREET ADDRESS		33. STREET ADDRESS	-06/11/97--01073--001
CITY, STATE, ZIP		34. CITY, STATE, ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, STATE, ZIP		44. CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, STATE, ZIP		54. CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, STATE, ZIP		64. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(3)(ii), 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. 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: *Murray Kane* 6/4/97

Handwritten initials and date: 6/11/97

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.