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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:35

DOCUMENT # **J89689** (0)

1. Corporation Name
STERLING MIAMI, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2333 PONCE DE LEON BLVD.
SUITE 511
CORAL GABLES FL 33134**

Mailing Address
**2333 PONCE DE LEON BLVD.
SUITE 511
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/26/1987** 3a. Date of Last Report **05/12/1994**

4. FEI Number **59-2844644** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

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 fee if applicable. NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	NAME DRESNICK, STEPHEN J M.D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4700 DAVIS RD.	CITY-ST-ZIP CORAL GABLES FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE DVS	NAME LORENZ, STEPHEN D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 528 RIVERSIDE DR.	CITY-ST-ZIP ROSSFORD OH	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME Susan F. Dill	
CITY-ST-ZIP		3.3 STREET ADDRESS 2333 Ponce De Leon Blvd., Suite 511	
		3.4 CITY-ST-ZIP Coral Gables FL 33134	
TITLE	NAME	4.1 TITLE Senior Vice President/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME Jack S. Greenman, CPA	
CITY-ST-ZIP		4.3 STREET ADDRESS 2333 Ponce De Leon Blvd., Suite 511	
		4.4 CITY-ST-ZIP Coral Gables FL 33134	
TITLE	NAME	5.1 TITLE Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME Laura Soff	
CITY-ST-ZIP		5.3 STREET ADDRESS 2333 Ponce De Leon Blvd., Suite 511	
		5.4 CITY-ST-ZIP Coral Gables FL 33134	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Stephen J. Dresnick (Signature and typed or printed name of signing officer or director) DATE: _____ (Date) 305-441-1911 (Typed Phone)

STEPHEN J. DRESNICK, M.D., FACPE