

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J89689** (0)

1. Corporation Name  
**STERLING MIAMI, INC.**



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**

2. Principal Place of Business: **21 6855 South Red Road**  
Suite, Apt. #, etc.: **22 400**  
City & State: **23 Coral Gables, FL**  
Zip: **24 33143** Country: **25 USA**  
2a. Mailing Address: **26 6855 South Red Road**  
Suite, Apt. #, etc.: **27 400**  
City & State: **28 Coral Gables, FL**  
Zip: **29 33143** Country: **30 USA**

3. Date Incorporated or Qualified: **08/26/1987** 3a. Date of Last Report: **03/16/1995**  
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

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 Numbers Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 617.0902 and 617.1501, 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 617.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>DRESNICK, STEPHEN J M.D.</b>	
STREET ADDRESS	<b>4700 DAVIS RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>LORENZ, STEPHEN D.</b>	
STREET ADDRESS	<b>528 RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>ROSSFORD OH</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DILL, SUSAN F.</b>	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD., SUITE 511</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>VPCF</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENMAN, JACK S. C</b>	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD., SUITE 511</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SEFF, LAURA</b>	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD., SUITE 511</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<b>DPTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE		
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE		
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE		
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE		
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**6855 South Red Road, Suite 400  
Coral Gables, FL 33143**

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)(k), 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 checked.

SIGNATURE: *Stephen J. Dresnick* **03/28/96** **(305) 665-1911**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Stephen J. Dresnick, M.D. President**

CR2E034 (12/95)