

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K06453** (0)
1. Corporation Name
EASTERN MEDICAL MANAGEMENT INC.



Principal Place of Business 7106 SW 8 ST #403 P O BOX 44-2199 MIAMI FL 33144 US	Mailing Address PO BOX 44-2199 MIAMI FL 33244-2199 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6915 S. RED ROAD #213 Suite, Apt. #, etc. 22 CORAL GABLES City & State 23 FLORIDA Zip 24 33143		2a. Mailing Address 26 6915 S. RED ROAD #213 Suite, Apt. #, etc. 27 CORAL GABLES City & State 28 FLORIDA Zip 29 33143		3. Date Incorporated or Qualified 12/11/1987		4. FEI Number 65-0049068 Applied For <input type="checkbox"/> Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 FLORIDA		28 FLORIDA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MARTINEZ, ORNAN 920 SW 101 AVENUE MIAMI FL 33174				10. Name and Address of New Registered Agent 81 Name MIRTA B. BARCELO 82 Street Address (P.O. Box Number is Not Acceptable) 6915 S. RED ROAD - # 213 83 84 City CORAL GABLES FL 85 Zip Code 33143			
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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 **MIRTA B. BARCELO** DATE **1-8-98**
(Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT, SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, ORNAN			1.2 NAME	MIRTA B. BARCELO		
STREET ADDRESS	920 SW 101ST AVE			1.3 STREET ADDRESS	6915 S. RED ROAD # 213		
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP	CORAL GABLES, FL 33143		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, MERCEDES			2.2 NAME			
STREET ADDRESS	920 SW 101ST AVE.			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP			
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 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 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: **Mirta B. Barcelo** 1-8-98 (305) 740-4440

CR2E034 (10/97)