


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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L25654 (9) 1. Corporation Name SOUTHWEST ORLANDO MEDICAL SERVICES, INC.			



Principal Place of Business 9430 TURKEY LAKE ROAD STE. 206 ORLANDO FL 32819	Mailing Address 9430 TURKEY LAKE ROAD STE. 206 ORLANDO FL 32819-8015
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1989		3a. Date of Last Report 04/28/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2977239		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FEUER, KENNETH R MD 9430 TURKEY LAKE RD. STE. 206 ORLANDO FL 32819				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	Change Addition	
NAME	FEUER, KENNETH M.D.		1.2 NAME		
STREET ADDRESS	9430 SAND LAKE RD., STE. 206		1.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32819		1.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	2.1 TITLE	Change Addition	
NAME	DVP MEYER, ROBERT M.D.		2.2 NAME		
STREET ADDRESS	9430 SAND LAKE ROAD, STE. 206		2.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32819		2.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	3.1 TITLE	Change Addition	
NAME	T SESERKO, JAMES		3.2 NAME		
STREET ADDRESS	9430 TURKEY LAKE RD., STE. 206		3.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32819		3.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	4.1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	6.1 TITLE	Change 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 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:

Kenneth R. Feuer

4/16/97

(407) 325-0799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)