

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

FILED

Aug 26 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 # **L37136** (3)
1. Corporation Name
PROFESSIONAL HEALTHCARE ENTERPRISES, INC.

Principal Place of Business 2845 AVENTURA BLVD. SUITE 120 AVENTURA FL 33180 US	Mailing Address 2845 AVENTURA BLVD. SUITE 120 AVENTURA FL 33180 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 2100 E. Hallandale Bch Blvd Suite, Apt. #, etc. 22 101 City & State 23 Hallandale, FL Zip 24 33009		2a. Mailing Address 26 2100 E. Hallandale Bch Blvd Suite, Apt. #, etc. 27 101 City & State 28 Hallandale, FL Zip 29 33009 Country 30 USA		3. Date Incorporated or Qualified 12/15/1989	
		4. FEI Number 65-0173226		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

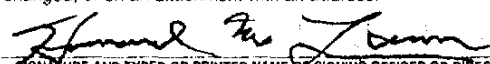
9. Name and Address of Current Registered Agent GOLDSTEIN, SHARON B. 2845 AVENTURA BLVD. SUITE 120 AVENTURA FL 33180				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2100 E. Hallandale Bch Blvd 83 Ste # 101 84 City Hallandale FL 85 Zip Code 33009			
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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GULLMAN, JOHN D			1.2 NAME			
STREET ADDRESS	4911 NW 8TH AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAWN, HOWARD M.			2.2 NAME			
STREET ADDRESS	9801 COLLINS AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	BAL HARBOUR FL			2.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STARRETT, LOYD M.			3.2 NAME			
STREET ADDRESS	23 GRANITE ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKPORT MA			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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:  7/28/98 (934) 457-8787

CR2E034 (10/97)