

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

FILED
Mar 02 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 # **L51126** (5)
1. Corporation Name
MEDICAL UTILIZATION REVIEW ASSOCIATES, INC.



Principal Place of Business 815 NW 57TH AVE STE 114 MIAMI FL 33126 US	Mailing Address 815 NW 57TH AVE STE 114 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7650 Corporate Center Dr Suite, Apt. #, etc. 22 Suite 400 City & State 23 Miami FL Zip 24 33126		2a. Mailing Address 26 7650 Corporate Center Dr Suite, Apt. #, etc. 27 Suite 400 City & State 28 Miami FL Zip 29 33126		3. Date Incorporated or Qualified 02/19/1990	
4. FEI Number 65-0172979		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		7. 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			

8. Name and Address of Current Registered Agent

**GEMMA, ROSELLO
815 NW 57TH AVE, STE 114
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name (NO CHANGE)
82 Street Address (P.O. Box Number is Not Acceptable) 7650 Corporate Center Dr
83 Suite 400
84 City Miami
85 Zip Code FL 33126

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 *Gemma Rosello*

Gemma Rosello

2/24/98

(NOTE: Registered Agent 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	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, ALBERTO M.	1.2 NAME	GEMMA ROSELLO
STREET ADDRESS	3860 W. FLAGLER ST	1.3 STREET ADDRESS	7650 Corporate Center Dr
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33126
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	<i>Gemma Rosello</i>	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: *Gemma Rosello* **GEMMA ROSELLO, SECRETARY 2/24/98 305-599-0939**

CR2E034 (1097)