


FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90114 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M41267
 1. Corporation Name
KENDALL OAKS PROFESSIONAL CENTER, INC.



Principal Place of Business 6401 SW 87 AVE STE 210 MIAMI FL 33173 US	Mailing Address 6401 SW 87 AVE SUITE 210 MIAMI FL 33173 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1986	
21		26		4. FEI Number 59-2745328	Applied For Not Applicable
22. Suite, Apt. #, etc. Suite 212		27. Suite, Apt. #, etc. Suite 212		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent

EVANS, LAURIE P
 328 MINORCA AVE.
 STE 200
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
Howard B Davidow

82 Street Address (P.O. Box Number is Not Acceptable)
842 Blackbird Court

83

84 City
Rockledge

85 Zip Code
FL 32955

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: *Howard B Davidow* **HOWARD B. DAVIDOW** *President* **3/28/1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCKEAN, RANDOLPH A	
STREET ADDRESS	6401 SW 87TH AVE. STE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIDOW, HOWARD B	
STREET ADDRESS	8910 SW 108TH ST.	
CITY-ST-ZIP	MIAMI FL 32	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, BEN	
STREET ADDRESS	5480 SW 94TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KEEN, JAMES W	
STREET ADDRESS	14945 NW 25TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6401 SW 87 Avenue, Suite 212
1.4 CITY-ST-ZIP	Miami, FL 33173
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4600 Olympic Way
3.4 CITY-ST-ZIP	Evergreen, CO 80439
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Davidow* **Davidow** **01/08/99** **305-274-1742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)