

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

FILED
Jun 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M69716 (2)
1. Corporation Name
SPI MANAGED CARE, INC.



Principal Place of Business 5200 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126 US		Mailing Address 5200 BLUE LAGOON DRIVE SUITE 250 MIAMI FL 33126-7000 US		3. Date Incorporated or Qualified 02/19/1988	3a. Date of Last Report 04/02/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0037962	Applied for Not Applicable		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Zip	25 Country	29 Zip	30 Country		

9. Name and Address of Current Registered Agent FINE, JEFFREY M. E MEDEXEC, INC. 5200 BLUE LAGOON DRIVE, SUITE 250 MIAMI FL 33126		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	CHIEF EXECUTIVE OFFICER
NAME	FINE, JEFFREY M. ESQ	1.2 NAME	BURKHART, KENNETH MD
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250	1.3 STREET ADDRESS	5200 Blue Lagoon Drive, Suite 250
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33126
TITLE	C	2.1 TITLE	
NAME	LEVINSON, MELVIN E. M	2.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	KUGLER, MARK B	3.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 *[Signature]* *[Signature]* *[Signature]* *[Signature]* *[Signature]*

CR2E034 (9/96)