

FILE NOW: FILING FEE IS \$61.25

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Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20845** (6)
1. Corporation Name
FOUNDATION MEDICAL OFFICE MANAGEMENT, INC.



Principal Place of Business 315 SE 7TH STREET SUITE 301 FT. LAUDERDALE FL 33301 US		Mailing Address 315 SE 7TH STREET SUITE 301 FT. LAUDERDALE FL 33301-3158 US	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
30 Country		31 Country	
9. Name and Address of Current Registered Agent JOHNSON, GARRY TRIPP, SCOTT CONKLIN & SMITH 110 SE 6TH STREET 28TH FLOOR FT. LAUDERDALE FL 33301		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 617.0502 and 617.1508, 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 617.0503, 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	CPD	1.1 TITLE	
NAME	SHEA, THOMAS	1.2 NAME	
STREET ADDRESS	2101 W COMMERCIAL BLVD STE 2000	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	GREENE, DIB A	2.2 NAME	
STREET ADDRESS	315 SE 7TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	RODRIGUEZ, RAMON	3.2 NAME	
STREET ADDRESS	7080 NW 4TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	LWIN, SEIN M	4.2 NAME	
STREET ADDRESS	300 SW 17TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DICKINSON, MARLYN	5.2 NAME	
STREET ADDRESS	1016 SE 6TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Johnathan** President 7-12-97 954 624 0829

CR2E037 (9/96)