


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N47609 (5)</b> 1. Corporation Name <b>SOUTH FLORIDA CASE MANAGEMENT NETWORK, INC.</b>					
Principal Place of Business <b>1824 SW 100TH AVE MIRAMAR FL 33025 US</b>		Mailing Address <b>1824 SW 100TH AVE MIRAMAR FL 33025-1849 US</b>			
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>03/02/1992</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		3a. Date of Last Report <b>02/14/1996</b>	
City & State <b>23</b>		City & State <b>28</b>		4. FEI Number <b>65-0325088</b>	
Zip <b>24</b>		Country <b>25</b>		Applied For <input type="checkbox"/> Not Applicable	
Country <b>29</b>		Country <b>30</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>MOREO, KATHLEEN 1824 SW 100TH AVE MIRAMAR FL 33025</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			
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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
VPD	SOLOMON, VIKI	10633 ZURICH STREET	COOPER CITY FL	1.1 TITLE	PD
				1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				1.3 STREET ADDRESS	
				1.4 CITY-ST-ZIP	33026
PD	LLEWELLYN, ANNE	1876 NW 97TH AVE	PLANTATION FL	2.1 TITLE	TD
				2.2 NAME	Colleen Corden
				2.3 STREET ADDRESS	9059 W. Sunrise Blvd.
				2.4 CITY-ST-ZIP	Plantation, FL 33322
PD	STOVER, BETTY	4000 N HILLS DR 24	HOLLYWOOD FL	3.1 TITLE	
				3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
TD	LOGAN, RICKI	9491 PALM CIR S 207	PEMBROKE PINES FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	33025
VPD	VANHOUTEN, MARILYN	12350 SW 132 COURT 213	KMIAMI FL	5.1 TITLE	PD
				5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	33186
				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 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: <u>Colleen Corden</u> <b>4/28/97</b> <b>954.846.7627</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)