

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 12 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002478 (4)

1. Corporation Name

PROJECT MEDISHARE, INC.



Principal Place of Business Mailing Address  
800 ALTON ROAD 600 ALTON ROAD  
SUITE 502 SUITE 502  
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/24/1995		04/24/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0601863		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
26		27		28		29	
27		28		29		30	
28		29		30		31	
29		30		31		32	
30		31		32		33	
31		32		33		34	
32		33		34		35	
33		34		35		36	
34		35		36		37	
35		36		37		38	
36		37		38		39	
37		38		39		40	
38		39		40		41	
39		40		41		42	
40		41		42		43	
41		42		43		44	
42		43		44		45	
43		44		45		46	
44		45		46		47	
45		46		47		48	
46		47		48		49	
47		48		49		50	
48		49		50		51	
49		50		51		52	
50		51		52		53	
51		52		53		54	
52		53		54		55	
53		54		55		56	
54		55		56		57	
55		56		57		58	
56		57		58		59	
57		58		59		60	
58		59		60		61	
59		60		61		62	
60		61		62		63	
61		62		63		64	
62		63		64		65	
63		64		65		66	
64		65		66		67	
65		66		67		68	
66		67		68		69	
67		68		69		70	
68		69		70		71	
69		70		71		72	
70		71		72		73	
71		72		73		74	
72		73		74		75	
73		74		75		76	
74		75		76		77	
75		76		77		78	
76		77		78		79	
77		78		79		80	
78		79		80		81	
79		80		81		82	
80		81		82		83	
81		82		83		84	
82		83		84		85	
83		84		85		86	
84		85		86		87	
85		86		87		88	
86		87		88		89	
87		88		89		90	
88		89		90		91	
89		90		91		92	
90		91		92		93	
91		92		93		94	
92		93		94		95	
93		94		95		96	
94		95		96		97	
95		96		97		98	
96		97		98		99	
97		98		99		100	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILLASANTE, ROBERTO  
44 WEST FLAGLER ST.  
SUITE 1700  
MIAMI FL 33130

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

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	PD	DELETE		1.1 TITLE	Change Addition		
NAME	FOURNIER, ARTHUR M MD			1.2 NAME			
STREET ADDRESS	800 ALTON ROAD, SUITE 502			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.4 CITY-ST-ZIP			
TITLE	VD	DELETE		2.1 TITLE	Change Addition		
NAME	JOSEPH, RONALD MD			2.2 NAME			
STREET ADDRESS	1011 ADRIANNA AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146			2.4 CITY-ST-ZIP			
TITLE	S	DELETE		3.1 TITLE	Change Addition		
NAME	DESANTIS, LYDIA RN			3.2 NAME			
STREET ADDRESS	9009 SW 138TH STREET, APT. F			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			3.4 CITY-ST-ZIP			
TITLE	D	DELETE		4.1 TITLE	Change Addition		
NAME	STONE, CARLANA			4.2 NAME			
STREET ADDRESS	540 BRICKELL KEY DRIVE, #418			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change Addition		
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, changed or on an attachment with an address.

SIGNATURE REQUIRED

9/12/97 2:55 PM-8/1/97

CR2E037 (4/97)