


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 22 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 # N95000003457 (7)

1. Corporation Name

OTMC, INC.

Principal Place of Business	Mailing Address
5900 COLLEGE ROAD KEY WEST FL 33040	5900 COLLEGE ROAD KEY WEST FL 33040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 520 Southard ST		26 P.O. Box 5361		07/21/1995		07/02/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Key West FL		28 Key West FL		65-0595394		Not Applicable	
24 33040		25 USA		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
29 33045		30 USA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				Yes No			

9. Name and Address of Current Registered Agent

SIMON, JAMES K
5900 COLLEGE ROAD
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name	Roberto Sanchez
82 Street Address (P.O. Box Number Is Not Acceptable)	5900 College Rd
83	
84 City	Key West
85 Zip Code	FL 33040

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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	D	1.1 TITLE	D
NAME	SANCHEZ, ROBERTO	1.2 NAME	MURRAY, JACK T.
STREET ADDRESS	780 N.W. LEJEUNE ROAD, SUITE 616	1.3 STREET ADDRESS	421 12th STREET
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Key West, Florida 33040
TITLE	D	2.1 TITLE	
NAME	SIMON, JAMES K	2.2 NAME	
STREET ADDRESS	P.O. BOX 9107 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LOCKWOOD, ROBIN M.D.	3.2 NAME	
STREET ADDRESS	1111 12TH STREET, SUITE 112	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED

01/97 305-291-9533

CR2E037 (4/97)