
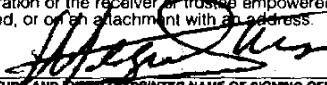


FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000005421 (1) 1. Corporation Name KENDALL PHYSICIAN ALLIANCE, INC.			
Principal Place of Business 4101 S HOSPITAL DR STE 11 PLANTATION FL 33317 US		Mailing Address 4101 S HOSPITAL DR STE 11 PLANTATION FL 33317 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/13/1995			
4. FEI Number 65-0646608		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent FARRELL, JAMES A 250 AUSTRALIAN AVE SUITE 500 WEST PALM BEACH FL 33401		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY - ST - ZIP 1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY - ST - ZIP 1.29 TITLE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY - ST - ZIP 1.33 TITLE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY - ST - ZIP 1.37 TITLE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY - ST - ZIP 1.41 TITLE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY - ST - ZIP 1.45 TITLE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY - ST - ZIP 1.49 TITLE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY - ST - ZIP 1.53 TITLE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY - ST - ZIP 1.57 TITLE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY - ST - ZIP 1.61 TITLE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY - ST - ZIP 1.65 TITLE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY - ST - ZIP 1.69 TITLE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY - ST - ZIP 1.73 TITLE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY - ST - ZIP 1.77 TITLE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY - ST - ZIP 1.81 TITLE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY - ST - ZIP 1.85 TITLE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY - ST - ZIP 1.89 TITLE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY - ST - ZIP 1.93 TITLE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY - ST - ZIP 1.97 TITLE 1.98 NAME 1.99 STREET ADDRESS 2.00 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY - ST - ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY - ST - ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY - ST - ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY - ST - ZIP 2.21 TITLE 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY - ST - ZIP 2.25 TITLE 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY - ST - ZIP 2.29 TITLE 2.30 NAME 2.31 STREET ADDRESS 2.32 CITY - ST - ZIP 2.33 TITLE 2.34 NAME 2.35 STREET ADDRESS 2.36 CITY - ST - ZIP 2.37 TITLE 2.38 NAME 2.39 STREET ADDRESS 2.40 CITY - ST - ZIP 2.41 TITLE 2.42 NAME 2.43 STREET ADDRESS 2.44 CITY - ST - ZIP 2.45 TITLE 2.46 NAME 2.47 STREET ADDRESS 2.48 CITY - ST - ZIP 2.49 TITLE 2.50 NAME 2.51 STREET ADDRESS 2.52 CITY - ST - ZIP 2.53 TITLE 2.54 NAME 2.55 STREET ADDRESS 2.56 CITY - ST - ZIP 2.57 TITLE 2.58 NAME 2.59 STREET ADDRESS 2.60 CITY - ST - ZIP 2.61 TITLE 2.62 NAME 2.63 STREET ADDRESS 2.64 CITY - ST - ZIP 2.65 TITLE 2.66 NAME 2.67 STREET ADDRESS 2.68 CITY - ST - ZIP 2.69 TITLE 2.70 NAME 2.71 STREET ADDRESS 2.72 CITY - ST - ZIP 2.73 TITLE 2.74 NAME 2.75 STREET ADDRESS 2.76 CITY - ST - ZIP 2.77 TITLE 2.78 NAME 2.79 STREET ADDRESS 2.80 CITY - ST - ZIP 2.81 TITLE 2.82 NAME 2.83 STREET ADDRESS 2.84 CITY - ST - ZIP 2.85 TITLE 2.86 NAME 2.87 STREET ADDRESS 2.88 CITY - ST - ZIP 2.89 TITLE 2.90 NAME 2.91 STREET ADDRESS 2.92 CITY - ST - ZIP 2.93 TITLE 2.94 NAME 2.95 STREET ADDRESS 2.96 CITY - ST - ZIP 2.97 TITLE 2.98 NAME 2.99 STREET ADDRESS 3.00 CITY - ST - ZIP			
14. I 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: X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/20/98 Daytime Phone # 0036885			

CR2E037 (10/97)