


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002754 (7)

1. Corporation Name

THE CANCER GROUP FOUNDATION, INC.



Principal Place of Business	Mailing Address
1814 N.E. MIAMI GARDENS DR. SUITE 307 NORTH MIAMI BEACH FL 33179	1814 N.E. MIAMI GARDENS DR. SUITE 307 NORTH MIAMI BEACH FL 33179-5036

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 05/23/1996	3a. Date of Last Report
4. FEI Number 65-0709105	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HELLER & BARNETT CORPORATE SERVICES 1214 N. UNIVERSITY DRIVE PLANTATION FL 33322

10. Name and Address of New Registered Agent
81 Name Michael Braham
82 Street Address (P.O. Box Number is Not Acceptable) 17620 NE 4th Ave.
83
84 City N. Miami Beach
85 Zip Code 33162

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: Michael Braham MICHAEL BRAHAM 4-26-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D BRAHAM, MICHAEL
STREET ADDRESS	1814 NE MIAMI GARDENS DR. #307
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D STERNS, J B MD
STREET ADDRESS	1814 NE MIAMI GARDENS DR. #307
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D STERNS, DANIEL G MD
STREET ADDRESS	1814 NE MIAMI GARDENS DR. #307
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D COPE, M T DR.
STREET ADDRESS	1814 NE MIAMI GARDENS DR. #307
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002190913
5.3 STREET ADDRESS	-05/27/97--01019--005
5.4 CITY - ST - ZIP	***226.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	05
6.3 STREET ADDRESS	5/14/97
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: Michael Braham MICHAEL BRAHAM 4-26-97 305-770-4241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033233

CR2E037 (9/96)