


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90188 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000005397</b>					
1. Corporation Name <b>WORLD HEALTH EMERGENCY MEDICAL FUND, INC.</b>					
Principal Place of Business 515 N. FLAGLER DR., STE. 900 W. PALM BEACH FL 33401			Mailing Address 515 N. FLAGLER DR., STE. 900 W. PALM BEACH FL 33401		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/22/1997</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0784066</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>KRASKER, PAUL A</b> <b>625 N. FLAGLER DR., 9TH FL.</b> <b>W. PALM BEACH FL 33401</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AXENFELD, GARY</b>	1.2 NAME	<b>Dr. Peter N. Hang</b>
STREET ADDRESS	<b>515 N. FLAGLER DR., STE. 900</b>	1.3 STREET ADDRESS	<b>23553 Kivik Street</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL 33401</b>	1.4 CITY-ST-ZIP	<b>Woodland Hills CA 91367</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FISH, MARY A</b>	2.2 NAME	<b>Myles L. Israel</b>
STREET ADDRESS	<b>3297C SUTTON PL., NW</b>	2.3 STREET ADDRESS	<b>314 Main Street</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20016</b>	2.4 CITY-ST-ZIP	<b>Tilton NH 03276</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOOD, LARRY</b>	3.2 NAME	<b>Tom Cankford</b>
STREET ADDRESS	<b>999 FRANKLIN AVE.</b>	3.3 STREET ADDRESS	<b>1420 NY Ave. NW #1050</b>
CITY-ST-ZIP	<b>GARDEN CITY NY 11530</b>	3.4 CITY-ST-ZIP	<b>Washington DC 20005</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Kelly Mc Namara</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1300 I ST. NW - Suite 1200 West</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Washington DC 20005</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Dr. Stanley Mirsky</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>4 East 70th Street</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>New York NY 10021</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Dr. Mark Sims</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>210 Jupiter Lakes Blvd. - Bldg. 3000 #101</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Jupiter FL 33458</b>

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 561 366 9252

CR2E037 (11/98)