

NON PROFIT CORPORATION ANNUAL REPORT 1997



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

APPROVED AND FILED
 1997 JUN 23 AM 10: 01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N97000005891
 1. Corporation Name
PEDIATRIC SUBSPECIALTY GROUP, INC.



Principal Place of Business: **5325 GREENWOOD AVE. STE 202 WEST PALM BEACH FL 33407**
 Mailing Address: **5325 GREENWOOD AVE. STE 202 WEST PALM BEACH FL 33407-2452**

3. Date Incorporated or Qualified: **11/13/1996**
 3a. Date of Last Report
 4. FEI Number 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 Yes No

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

9. Name and Address of Current Registered Agent
SPEKTOR, ZORIK MD
5325 GREENWOOD AVE. STE 202
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Zorik Spektor	
STREET ADDRESS	5325 Greenwood Ave	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Lee Friedman	
STREET ADDRESS	1596 10th Ave, W	
CITY-ST-ZIP	Lake Worth, FL	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Harry Baynon	
STREET ADDRESS	5325 Greenwood Ave	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Charles Flack	
STREET ADDRESS	5325 Greenwood Ave	
CITY-ST-ZIP	W. Palm B. FL 33407	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Alberto Marante	
STREET ADDRESS	Palms West Hospital	
CITY-ST-ZIP	West Palm Beach FL	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Brett Baynon	
STREET ADDRESS	1411 N. Felder	
CITY-ST-ZIP	W. Palm Beach FL	

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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 ****165.00 ****165.00

4/20/97 541-881-022

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/20/97

CR2E034 (9/96)