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May 26 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 # N97000006846 (6)
1. Corporation Name
PATIENTS RIGHTS ORGANIZATION OF FLORIDA, INC.



Principal Place of Business: 3550 GALT OCEAN DR. #1110 FORT LAUDERDALE FL 33308
Mailing Address: 3550 GALT OCEAN DR. #1110 FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 12/08/1997
4. FEI Number: 65-0799794
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21. POMPADO BEACH
2a. Mailing Address: 28. 2900 N. COURSE DR. Suite, Apt. #, etc. #508
22. SAME
23. City & State: 27. City & State: POMPADO BEACH FL
24. Zip: 25. Country: 29. 33069 30. U.S.A.

9. Name and Address of Current Registered Agent: LEES, JOHN 1350 CYPRESS TRACE DR MELBOURNE FL 32940

10. Name and Address of New Registered Agent: 81. Name: BRICKMAN, HARRY
82. Street Address (P.O. Box Number is Not Acceptable): 2900 N. COURSE DR. #508
83. City: 84. POMPADO BEACH FL 85. Zip Code: 33069

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Harry Brickman, Treasurer 5/1/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	LEES, JOHN	1.2 NAME	CECIL MCIVER M.D.
STREET ADDRESS	1350 CYPRESS TRACE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	VICE PRESIDENT
NAME	HUDSON, MARY BENNETT	2.2 NAME	MARIE M GAUDIN
STREET ADDRESS	3550 GALT OCEAN DR. #1110	2.3 STREET ADDRESS	720 SW 63 AVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	MIAMI FL 33114
TITLE	D	3.1 TITLE	
NAME	BILLINGS, NAN	3.2 NAME	
STREET ADDRESS	647 WEST LAKE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BERMAN, BILL	4.2 NAME	
STREET ADDRESS	1711 BENT TREE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRICKMAN, MYRTLE	5.2 NAME	
STREET ADDRESS	2900 N COURSE DR, #508	5.3 STREET ADDRESS	800002537388
CITY-ST-ZIP	POMPADO BEACH FL 33069	5.4 CITY-ST-ZIP	-05/27/98--01097--001
TITLE	D	6.1 TITLE	TREASURER
NAME		6.2 NAME	BRICKMAN, HARRY
STREET ADDRESS		6.3 STREET ADDRESS	2900 N COURSE DR #508
CITY-ST-ZIP		6.4 CITY-ST-ZIP	POMPADO BEACH FL 33069

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: [Handwritten signatures]

CR2E037 (10/97)