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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000006846

1. Corporation Name
PATIENTS RIGHTS ORGANIZATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2900 N COURSE DR #508 POMPANO BEACH FL 33369	2900 N COURSE DR #508 POMPANO BEACH FL 33369



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
26	26	12/08/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
27	27	65-0799794
City & State	City & State	Applied For
28	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
25	29	<input type="checkbox"/> \$8.75 Additional Fee Required
30	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRICKMAN, HARRY 2900 N COURSE DR #508 POMPANO BEACH FL 33369	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC IVER, CECIL MD	1.2 NAME	
STREET ADDRESS	1350 CYPRESS TRACE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDIN, MARIE M	2.2 NAME	
STREET ADDRESS	720 SW 63 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33114	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKMAN, MYRTLE	5.2 NAME	
STREET ADDRESS	2900 N COURSE DR, #508	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKMAN, HARRY	6.2 NAME	
STREET ADDRESS	2900 N COURSE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33369	6.4 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, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* 2/15/99 954-968-587

CR2E037 (1/198)