
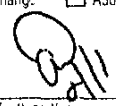
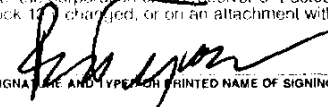


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000000652 1. Corporation Name Midatlantic Professional Group, P.A.			
Principal Place of Business 7450 Wiles Rd. Coral Springs, FL 33067 Broward		Mailing Address same	
2. Principal Place of Business 21 Subst. Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Subst. Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent Richard Tyson 6801 E. Cypresshead Dr. Parkland, FL 33067		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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>(Signature required for principal place of business and for registered agent and for incorporation)</small> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP [DELETE] TITLE NAME STREET ADDRESS CITY- ST- ZIP [DELETE] TITLE NAME STREET ADDRESS CITY- ST- ZIP [DELETE] TITLE NAME STREET ADDRESS CITY- ST- ZIP [DELETE] TITLE NAME STREET ADDRESS CITY- ST- ZIP [DELETE] TITLE NAME STREET ADDRESS CITY- ST- ZIP [DELETE]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP [Change] [Addition] 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP [Change] [Addition] 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP [Change] [Addition] 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP [Change] [Addition] 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP [Change] [Addition] 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP [Change] [Addition]	
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, changed, or on an attachment with an address.		200002131752 -04/02/97--01109--017 ***165.00 	
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/25/97 (954) 755-5523 Date Daytime Phone	

CR2E034 (9/96)