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May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000013554 (0)
1. Corporation Name
FOUNDATION HEALTH MEDICAL GROUP, FLORIDA, INC.



Principal Place of Business
7950 NORTH WEST 53RD STREET
THIRD FLOOR
MIAMI FL 33166

Mailing Address
3400 DATA BLVD.
LEGAT DPET.
RANCHO CORDOVA CA 95620
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 1340 Concord Terrace		12/22/1992	
22 City & State		27 Legal Department		4. FEI Number	
23 Zip		28 Sunrise, FL		65-0377637	
24 Country		29 33323		Applied For	
		30 USA		Not Applicable	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	8 MARABITO, ALLEN J	1.1 TITLE	Secretary
NAME	3400 DATA DRIVE	1.2 NAME	William R. Whitaker
STREET ADDRESS	RANCHO CORDOVA CA	1.3 STREET ADDRESS	1340 Concord Terrace
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Sunrise, FL 33323
TITLE	D GELLERT, JAY M	2.1 TITLE	
NAME	21600 OXNARD STREET, STE. 1700	2.2 NAME	
STREET ADDRESS	WOODLAND HILLS CA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT ELDER JEFFREY L	3.1 TITLE	Assistant Secretary
NAME	3400 DATA DRIVE	3.2 NAME	Lisette Currier-Martinez
STREET ADDRESS	RANCHO CORDOVA CA	3.3 STREET ADDRESS	1340 Concord Terrace
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sunrise, FL 33323
TITLE	DP KIRSH, WILLIAM D M.D.	4.1 TITLE	
NAME	7950 NORTH WEST 53RD STREET	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

1/2/98 R. L. Y. J. L.

4/12/98

CR2E034 (10/97)