FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000012200 (0)**

1. Corporation Name

LAUDERHILL EMERGENCY PHYSICIANS, P.A.

Principal Place of Business
2041 S. MIAMI AVE.
MIAMI FL 33129

Mailing Address
2041 S. MIAMI AVE.
MIAMI FL 33129

3. Date Incorporated or Qualified: **02/08/1993**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **65-0388694** [ ] 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 [X] Yes [ ] No

2. Principal Place of Business
21 5000 W. OAKLAND PARK BLVD.
Suite, Apt. #, etc.
22 EMERGENCY ROOM
City & State
23 Fort LAUDERDALE FL.
Zip 24 33133 Country 25

2a. Mailing Address
26 5000 W. OAKLAND PARK BLVD
Suite, Apt. #, etc.
27 EMERGENCY ROOM
City & State
28 FORT LAUDERDALE FL
Zip 29 33133 Country 30

9. Name and Address of Current Registered Agent

OBREGON, GUSTAVO
2041 S. MIAMI AVE.
MIAMI FL 33129

10. Name and Address of New Registered Agent

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 date below) (NOTE: Registered Agent cannot sign for itself) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	OBREGON, GUSTAVO	
STREET ADDRESS	2041 S MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	[ ] DELETE
NAME	KHANNA, RAKESH	
STREET ADDRESS	151 CRANDON BLVD #443	
CITY-ST-ZIP	KEY BEACH FL	
TITLE	SD	[X] DELETE
NAME	JUDELOS, JOHN	
STREET ADDRESS	5000 W OAKWOOD PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	[ ] DELETE
NAME	GSSACSSON, LOUIS	
STREET ADDRESS	5000 W OAKWOOD PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change	[ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	[ ] Change	[ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	[ ] Change	[ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	[ ] Change	[ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	[ ] Change	[ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	[ ] Change	[ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 3/15/96. 305 730-2895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #