

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000014712 (2)**

1. Corporation Name
SUNMED OBGYN PROVIDERS, INC.



Principal Place of Business 11160 NORTH KENDALL DRIVE SUITE 111 MIAMI FL 33176 US	Mailing Address 11160 NORTH KENDALL AVENUE SUITE 111 MIAMI FL 33176-0901 US
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2. Principal Place of Business 21 899 W. CYPRESS CREEK RD. Suite, Apt. #, etc. 22 SUITE 311 City & State 23 FT. LAUDERDALE, FL Zip 24 33309 Country 25 USA	2a. Mailing Address 26 899 W. CYPRESS CREEK RD. Suite, Apt. #, etc. 27 SUITE 311 City & State 28 FT. LAUDERDALE, FL Zip 29 33309 Country 30 USA	3. Date Incorporated or Qualified 02/22/1993	3a. Date of Last Report 05/01/1996	4. FEI Number 65-0426601	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

8. Name and Address of Current Registered Agent SUNMED, INC. 899 WEST CYPRESS CREEK ROAD SUITE 311 FT. LAUDERDALE FL 33309	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
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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 _____ (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	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDOLPH, ALLAN S.	1.2 NAME	
STREET ADDRESS	11160 NORTH KENDALL DRIVE SUITE 111	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BANGERTER, Phillip W.
STREET ADDRESS		2.3 STREET ADDRESS	899 West Cypress Creek Rd., St. 311
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TIRADO, Alexander
STREET ADDRESS		3.3 STREET ADDRESS	899 West Cypress Creek Rd., St. 311
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LASHER, Edward C.
STREET ADDRESS		4.3 STREET ADDRESS	899 West Cypress Creek Rd., St. 311
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or in an attachment with an address.

SIGNATURE: **Phillip W. Bangerter, Chairman 4/24/97 492-9440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)