

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

FILED

May 08 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000014712 (2)

1. Corporation Name

SUNMED OBGYN PROVIDERS, INC.

Principal Place of Business

899 W CYPRESS CREEK RD  
STE 311  
FT LAUDERDALE FL 33309  
US

Mailing Address

899 W CYPRESS CREEK RD  
STE 311  
FT LAUDERDALE FL 33309  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1993

4. FEI Number

65-0426601

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 1150 N.W. 72 Ave

26 P.O. Box 526200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 500

27

23 City & State  
Miami, FL

28 City & State  
Miami, FL

24 Zip Country

29 Zip Country

32126 Dade

33152-6200 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUNMED, INC.  
899 WEST CYPRESS CREEK ROAD  
SUITE 311  
FT. LAUDERDALE FL 33309

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

TITLE VD  
NAME RUDOLPH, ALLAN S.  
STREET ADDRESS 11160 NORTH KENDALL DRIVE SUITE 111  
CITY-ST-ZIP MIAMI FL

TITLE CD  
NAME BANGERTER, PHILLIP W  
STREET ADDRESS 8990 WEST CYPRESS CREEK RD STE 311  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE PD  
NAME TIRADO, ALEXANDER  
STREET ADDRESS 899 WEST CYPRESS CREEK RD STE 311  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VD  
NAME LASHER, EDWARD C  
STREET ADDRESS 899 WEST CYPRESS CREEK RD STE 311  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4/27/98 (705) 475-9700

CR2E034 (10/97)