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CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 20 1998 8:00am

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Secretary of State

954-742-0112

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000035159 (1)

SUNRISE PHYSICIANS MANAGEMENT SERVICE, INC.

Mailing Address Mailing Address 300 SE 15TH STREET 8396 WEST OAKLAND PARK BLVD. SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For											
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27 City & State											
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Zip Country Zip Country Zip Country 8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.					⊢ '					, , , , , , , , , , , , , , , , , , ,	
25 25 26 30 30 Personal Property Tax due June 30. Yes No No S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Sat Name 2929 E. COMMERCIAL BLVD. SUITE 702 82 Street Address (P.O. Box Number is Not Acceptable) Suite 702 83 Street Address (P.O. Box Number is Not Acceptable) Suite 702 Street Address (P.O. Box Number is Not Acceptable) Suite 702 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. B								,			
9. Name and Address of Current Registered Agent GASMAN, KEITH A ESQUIRE 2929 E. COMMERCIAL BLVD. SUITE 702 FT. LAUDERDALE FL 33308 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 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, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP GUPTA, MEENU STREET ADDRESS SUNRISE FL 33351 14 CITY-ST-2IP ITILE DELETE 21 TITLE DELETE 22 NAME 23 STREET ADDRESS CITY-ST-2IP TITLE DELETE 31 TITLE Change Addition Addition MAME AMME AMME		<u> </u>			, <u> </u>						
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Fiorida 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.