

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

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Jan 28 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 # P93000073651 (0)

1. Corporation Name
SOUTH FLORIDA M.D.'S, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1993	
4. FEI Number 65-0444270	Applied For Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 3729 SW EIGHTH STREET SUITE 121 CORAL GABLES FL 33134		Mailing Address 3729 SW EIGHTH STREET SUITE 121 CORAL GABLES FL 33134	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

JIMENEZ, LILLIAM
9350 W. FLAGLER ST.
#204
MIAMI FL 33174

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PD	1.1 TITLE	
NAME	JIMENEZ, LILLIAM	1.2 NAME	
STREET ADDRESS	9350 W. FLAGLER ST., #204	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33174	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	
NAME	GONZALEZ, MANUEL MD	2.2 NAME	
STREET ADDRESS	3729 SW 8TH STREET #121	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	FERREIRO, DANNY E	3.2 NAME	
STREET ADDRESS	8920 SW 4TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33174	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		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: *[Signature]* **FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-98

CR2E034 (10/97)