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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000060758

1. Corporation Name

ANDREW B. KAIRALLA, M.D., INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/27/93
Effective 4/1/94

4. FEI Number 65-0458930 | 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 the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business
21 4651 SHERIDAN STREET
Suite, Apt. #, etc.
22 SUITE 402
City & State
23 Hollywood FL
Zip 24 33021 Country 25

2a. Mailing Address
26 4651 SHERIDAN ST
Suite, Apt. #, etc.
27 SUITE 402
City & State
28 Hollywood FL
Zip 29 33021 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name JAY A. MARTUS
82 Street Address (P.O. Box Number is Not Acceptable)
4651 SHERIDAN STREET
83
SUITE 402
84 City Hollywood FL 85 Zip Code 33021

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 Jay A. Martus, Registered Agent 4/13/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must sign) (DATE)

12. OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[X] DELETE	TITLE P/D	[ ] Change [X] Add
NAME	ANDREW B. KAIRALLA	NAME MITCHELL FISENBERG	
STREET ADDRESS		STREET ADDRESS 4651 SHERIDAN STREET, SUITE 402	
CITY-ST-ZIP		CITY-ST-ZIP Hollywood FL 33021	
TITLE	[X] DELETE	TITLE EVP/D	[ ] Change [X] Add
NAME	SUSAN MARIE KAIRALLA	NAME LEWIS S. EISEN	
STREET ADDRESS		STREET ADDRESS 4651 Sheridan Street, Suite 400	
CITY-ST-ZIP		CITY-ST-ZIP Hollywood, FL 33021	
TITLE	[ ] DELETE	TITLE VP/S	[ ] Change [X] Add
NAME		NAME JAY A. MARTUS	
STREET ADDRESS		STREET ADDRESS 4651 Sheridan Street, Suite 400	
CITY-ST-ZIP		CITY-ST-ZIP Hollywood, FL 33021	
TITLE	[ ] DELETE	TITLE C/O/D	[ ] Change [X] Add
NAME		NAME MICHAEL SCHNEIDER	
STREET ADDRESS		STREET ADDRESS 4651 Sheridan Street, Suite 400	
CITY-ST-ZIP		CITY-ST-ZIP Hollywood, FL 33021	
TITLE	[ ] DELETE	TITLE	[ ] Change [ ] Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] DELETE	TITLE	[ ] Change [ ] Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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4-16-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), F.S. 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, with all other like empowered.

SIGNATURE: ANDREW B. KAIRALLA, M.D., INC. By: Jay A. Martus, V.P. April 13, 1999 (954)986-7770
SIGNATURE AND TYPE OR PRINT NAME OF 5 OFFICER OR DIRECTOR DATE

CR2E034 (11/98)