

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

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION, ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000046324 (7)**

1. Corporation Name  
**STERLING MEDICAL GROUP, INC.**



Principal Place of Business <b>6855 S RED ROAD 400 CORAL GABLES FL 33143 US</b>	Mailing Address <b>6855 S RED ROAD 400 CORAL GABLES FL 33143-3632 US</b>
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3. Date Incorporated or Qualified <b>06/21/1994</b>	3a. Date of Last Report <b>04/05/1996</b>
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0513667</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

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

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 <b>D</b>	<input type="checkbox"/> DELETE	11 TITLE <b>DIP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DRESNICK, STEPHEN J.</b>		12 NAME <b>→</b>	
STREET ADDRESS <b>6855 S RED ROAD SUITE 400</b>		13 STREET ADDRESS <b>→</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME <b>GREENMAN, JACK</b>	
STREET ADDRESS		23 STREET ADDRESS <b>6855 S. RED ROAD, STE 400</b>	
CITY-ST-ZIP		24 CITY-ST-ZIP <b>CORAL GABLES, FL 33143</b>	
TITLE	<input type="checkbox"/> DELETE	31 TITLE <b>VP IT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME <b>LASH, STEVEN</b>	
STREET ADDRESS		33 STREET ADDRESS <b>2636 NOBEL DR., STE 200</b>	
CITY-ST-ZIP		34 CITY-ST-ZIP <b>SAN DIEGO, CA 92122</b>	
TITLE	<input type="checkbox"/> DELETE	41 TITLE <b>VP AS/AT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME <b>MOORE, CHERYL</b>	
STREET ADDRESS		43 STREET ADDRESS <b>2636 NOBEL DR., STE 200</b>	
CITY-ST-ZIP		44 CITY-ST-ZIP <b>SAN DIEGO, CA 92122</b>	
TITLE	<input type="checkbox"/> DELETE	51 TITLE <b>VP JS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME <b>LEBOVITZ, JAMES</b>	
STREET ADDRESS		53 STREET ADDRESS <b>2636 NOBEL DR.</b>	
CITY-ST-ZIP		54 CITY-ST-ZIP <b>SAN DIEGO, CA 92122</b>	
TITLE	<input type="checkbox"/> DELETE	61 TITLE <b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME <b>WATKIN, NANCY K.</b>	
STREET ADDRESS		63 STREET ADDRESS <b>6855 S. RED ROAD, STE 400</b>	
CITY-ST-ZIP		64 CITY-ST-ZIP <b>CORAL GABLES, FL 33143</b>	

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 on an attachment with an address.

SIGNATURE:

*Stephen J. Dresnick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

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CR2E034 (9/96)