

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

FILED
Apr 01 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 # P94000053680 (2)
 1. Corporation Name
VINCAM PRACTICE MANAGEMENT, INC.



Principal Place of Business 2850 DOUGLAS RD. CORAL GABLES FL 33134	Mailing Address 2850 DOUGLAS RD. CORAL GABLES FL 33134
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1994		4. FEI Number 65-0668984		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
23 Zip Country	28 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent KEELER, ELIZABETH J. 2850 DOUGLAS RD. CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Elizabeth J. Marston 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 P	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALADRIGAS, CARLOS A		1.2 NAME John T. Carlen	
STREET ADDRESS 2850 DOUGLAS RD.		1.3 STREET ADDRESS 2850 Douglas Road	
CITY-ST-ZIP CORAL GABLES FL 33134		1.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEELER, ELIZABETH J.		2.2 NAME Elizabeth J. Marston	
STREET ADDRESS 2850 DOUGLAS ROAD		2.3 STREET ADDRESS 2850 Douglas Road	
CITY-ST-ZIP CORAL GABLES FL		2.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE V.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANCHEZ, JOSE M		3.2 NAME	
STREET ADDRESS 2850 DOUGLAS RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> DELETE	4.1 TITLE 0000024756 00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, MARTIN J		4.2 NAME -04/01/98--01079--016	
STREET ADDRESS 2850 DOUGLAS RD		4.3 STREET ADDRESS ***150.00	
CITY-ST-ZIP CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CUETO, WILLIAM F		5.2 NAME Carlos A. Saladrigas	
STREET ADDRESS 2850 DOUGLAS RD		5.3 STREET ADDRESS 2850 Douglas Road	
CITY-ST-ZIP CORAL GABLES FL 33134		5.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE CFO	<input type="checkbox"/> DELETE	6.1 TITLE CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAECHTER, STEPHEN L		6.2 NAME Carlos A. Rodriguez	
STREET ADDRESS 2850 DOUGLAS ROAD		6.3 STREET ADDRESS 2850 Douglas Road	
CITY-ST-ZIP CORAL GABLES FL		6.4 CITY-ST-ZIP Coral Gables, FL 33134	

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; that I am the president 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 the attachment with an address.

CR2E034 (10/97)

Handwritten signatures and dates at the bottom of the page.