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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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1994	
21		26		4. FEI Number 65-0668984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
Zip		Zip			
24		29		30	
Country		Country			

9. Name and Address of Current Registered Agent

KEELER, ELIZABETH J.
2850 DOUGLAS RD.
CORAL GABLES FL 33134

(Name Change only)

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

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	P	1.1 TITLE	President
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	2.1 TITLE	Secretary
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	3.1 TITLE	V
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	4.1 TITLE	0000024756 10
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	5.1 TITLE	CEO
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	6.1 TITLE	CFO
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 or the person 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 statement with an address.

CP2E034 (10/97)