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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400064652 (8)

PROFESSIONAL MED-CARE GROUP, INC.

Principal Place of Husiness	Mailing Address	
8887 SW 12TH STREET MIAMI FL 33174	8887 SW 12TH STREET MIAMI FL 33174-3301	

FILED May 08 1997 8:00am Secretary of State



City & State Replication not be provision as its billing for intangible tay under Florida Statutes Florida Statutes Florida Statutes 10. Name and Address of New Registered Agent DOMINGUEZ, MAGALY P 8887 SW 12TH STREET MIAMI FL 33174 Replication of Florida Statutes in a packet of Florida Statutes in a packet in an familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. NAME DOMINGUEZ, MAGALY P 8. This corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of registered agent, or both, in the State of Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OTHER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS MIAMI FL 33174 14. OTHER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS MIAMI FL 33174 14. OTHER ADDITIONS 15. OFFICERS AND DIRECTORS 16. Election Country 8. This form formula company for intensities and formula for intensities and formula for intensities and formula formula for intensities and formula	Zip Code ing its registered it as registered
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8887 SW 12TH STREET MIAMI FL 33174 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 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 agent Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NITE DOMINGUEZ, MAGALY P 12. NAME 13. STREET ADDRESS C-TY-ST-2IP MIAMI FL 33174 14.CITY-ST-2IP DELETE 2.1 TITLE Cha	ing its registered it as registered CTORS IN 12
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4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Forda Statutes. Filtrifier 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 appears in Block 12 or Block 13 if changed, or on an attachment with an appears in Block 12 or Block 13 if changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

SN-288-0889