
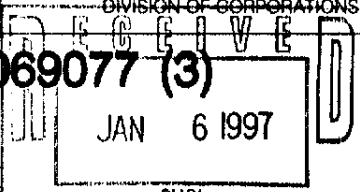


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 19 1997 8:00am
Secretary of State

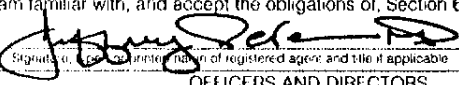
PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000069077 (3) 1. Corporation Name ASSOCIATED PEDIATRICIANS, INC.	 CHCI MAIL ROOM TAX DEPARTMENT
Principal Place of Business 2828 CROASDALE DRIVE DURHAM NC 27705	ATTN: TAX DEPT. P.O. BOX 15309 DURHAM NC 27704-0309 US



2. Principal Place of Business 21 7301 W. Palmetto Pk. Rd. Suite, Apt. #, etc. 22 101 B City & State 23 Boca Raton, FL Zip 24 33433 Country 25 USA		2a. Mailing Address 26 7301 W. Palmetto Pk. Rd. Suite, Apt. #, etc. 27 101 B City & State 28 Boca Raton, FL Zip 29 33433 Country 30 USA		3. Date Incorporated or Qualified 09/20/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 05-0001010 65-0064823		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name Jeffrey R. Perelman, M.D. 82 Street Address (P.O. Box Number is Not Acceptable) 7301 W. Palmetto Pk. Rd. 83 101 B 84 City Boca Raton FL 85 Zip Code 33433	
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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 resigning) DATE **4/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PONT, M.D. EDWIN S. 2400 E. COMMERCIAL BLVD., STE. 315 FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Jeffrey R. Perelman, M.D. 7301 W. Palmetto Pk. Rd., # 101 B Boca Raton, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BAUER, ANNETTE 2400 E. COMMERCIAL BLVD., STE. 315 FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SNEDEKER, ANGELA M. 2828 CROASDALE DRIVE DURHAM NC <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Jeffrey R. Perelman, M.D.** 4/25/97 393-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)