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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

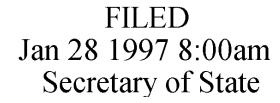
Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P94000087472 (4)

WORKMED IPA, INC.

trincipal Place of Business Mailing Addre





minolpai made di pusiness maling Address										
NORLAND MED 7 NW 183RD S MIAMI FL 3316	st <sup>*</sup>	NORLAND MEDICAL ( 7 NW 183RD ST MIAMI FL 33169-4516								
MINISTER CO.		, , , , , , , , , , , , , , , , , , ,							. Date of Last Report 03/04/1996	
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number	- I		Applied For
1/330	N.W. 7th. Ave	26 17330 N.W.	7th. A	lve			65-0544410			Not Applica
Suite, Apt.	• • •	Suite, Apt. #, etc.				5	Certificate of Status Desired	X		5 Additional
Suite		27 Suite 204							Fee	Required
City & State		City & State				6.	Election Campaign Financing		\$5.0	May Be
1	Florida	28 Miami, Flo					Trust Fund Contribution	<u> </u>	Adde	d to Fees
Zip	Country	Zip	1	untry		8.	This corporation has liability for			r s. 199.032,
33169	25 U.S.A.	29 33169	[30] Џ.	S.	Α,		. 101102 01010100	Yes		
	9 Name and Address of Cur			-	Name	10.	Name and Address of New Re	gistered	Agent	
	C CORPORATE SERVICES IN	IC		81	Name ,		The state of the s			
	S BISCAYNE BLYU			82	Street Add	iress (P	O. Box Number is Not Acceptat	ole)		· · ·
	MI CENTER SUITE 3000				,,			<del></del>		
MIA	MI FL \$3137)			83			· ·			
				84	City				85 Z	p Code
•				07	City			FL	_   BS   4.1	ib Coge
1. Pursuant	to the provisions of Sections 607.0	0502 and 607,1508, Florida S	tatutes, the a	bove	e-named cor	poratio	n submits this statement for the p	ourpose of	changing	g its register
office or r	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change v	was authorize 5. Elorida Sta	ed by	the corpora	ation's b	poard of directors. I hereby accept	ot the app	ointment :	as registered
	ви јаничаг w (п. аво ассерт те ос	iligations of, accitor our cook	J, FIORICIA SIA	IIUIO	э.			- 1//	10-	
IGNATURE	Signature, typed or printed harmoret registered	amont and title Landicable	(NOTE: Registere	nd Ane	nl signature requ	ired when	renstationi		9	
2.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	ORS IN 12
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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:

SIGNATURE AND WEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/37 305 Day

Joy Daytare Prone #