

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

**FILED**

**Jan 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000087472 (4)**  
 1. Corporation Name  
**WORKMED IPA, INC.**



Principal Place of Business <b>NORLAND MEDICAL CENTER 7 NW 183RD ST MIAMI FL 33169</b>	Mailing Address <b>NORLAND MEDICAL CENTER 7 NW 183RD ST MIAMI FL 33169-4516</b>
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3. Date Incorporated or Qualified <b>12/02/1994</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>65-0544410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>17330 N.W. 7th. Ave</b>	2a. Mailing Address 26 <b>17330 N.W. 7th. Ave.</b>
Suite, Apt. #, etc. 22 <b>Suite 204</b>	Suite, Apt. #, etc. 27 <b>Suite 204</b>
City & State 23 <b>Miami, Florida</b>	City & State 28 <b>Miami, Florida</b>
Zip 24 <b>33169</b>	Country 25 <b>U.S.A.</b>
Zip 29 <b>33169</b>	Country 30 <b>U.S.A.</b>

9. Name and Address of Current Registered Agent <b>B &amp; C CORPORATE SERVICES INC 201 S BISCAYNE BLVD MIAMI CENTER SUITE 3000 MIAMI FL 33137</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>KRESTOW, VICTOR MD</b>	
STREET ADDRESS <b>NORLAND MEDICAL CENTER 7NW 183RD ST</b>	
CITY - ST - ZIP <b>MIAMI FL 33169</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # **305-654-3191**

CR2E034 (9/96)