

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

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**Apr 09 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 # P95000026997 (3)**  
1. Corporation Name  
**CAREMED HEALTH ADMINISTRATOR'S, INC.**



Principal Place of Business: 7950 N.W. 53RD ST. SUITE 210 MIAMI FL 33166  
Mailing Address: 7950 N.W. 53RD ST. SUITE 210 MIAMI FL 33166-7801

3. Date Incorporated or Qualified: **04/05/1995**  
3a. Date of Last Report: **04/18/1996**  
4. FEI Number: **65-0596594**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 8325 NW 53 Street Suite, Apt. #, etc. **Suite #100** City & State: **Miami, FL** Zip: **33166** Country: **USA**  
2a. Mailing Address: 26 P.O. Box 141966 Suite, Apt. #, etc. City & State: **Coral Gables, FL** Zip: **33114** Country: **USA**

9. Name and Address of Current Registered Agent  
**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name: **Marialena Diaz**  
82 Street Address (P.O. Box Number is Not Acceptable): **8325 NW 53 Street**  
83 **Suite #100**  
84 City: **Miami, FL** 85 Zip Code: **33166**

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: *Marialena Diaz* **Marialena Diaz, Comptroller** DATE: **1/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MARTINEZ, OSVALDO</b>	1.2 NAME	
STREET ADDRESS	<b>7950 N.W. 53RD ST., SUITE 210</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33166</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *OSVALDO MARTINEZ* **OSVALDO MARTINEZ, PRESIDENT** DATE: **1/24/97** DAYTIME PHONE #: **(305) 592-5583**

CR2E034 (9/96)