


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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90123 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075256

1. Corporation Name
STAT MEDICAL CLINIC V, INC.



Principal Place of Business 12302 NE 6TH AVE NORTH MIAMI FL 33161 US	Mailing Address 12302 NE 6TH AVENUE NORTH MIAMI FL 33161 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/29/1995	4. FEI Number 65-0623978 Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STACHEWITSCH, ANDRE
12302 NE 6 AVE
N MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STACHEWITSCH, MARC	
STREET ADDRESS	12302 NE 6 AVE	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STACHEWITSCH, ANDRE	
STREET ADDRESS	12302 NE 6 AVE	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRIEDEWALD, DON	
STREET ADDRESS	13144 DARK BLVD STE. B	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STACHEWITSCH, MONA	
STREET ADDRESS	12302 NE 6 AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STACHEWITSCH, MONIQUE	
STREET ADDRESS	12302 NE 6 AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *x 4/7/99* (305) 893-7698
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ANDRE STACHEWITSCH** Date: _____ Daytime Phone #: _____

CR2E034 (11/98)