

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

FILED
Mar 13 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 # P95000081181 (6)

1. Corporation Name
DOCTORS MANAGED CARE CENTER, INC.



Principal Place of Business
1031 IVES DAIRY ROAD, UNIT 123
MIAMI FL 33179

Mailing Address
1031 IVES DAIRY ROAD, UNIT 123
MIAMI FL 33179-2538

3. Date incorporated or Qualified: 10/23/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0992586
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 1021 Ives Dairy Rd
22 111
23 Miami FL
24 33179

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent from [Name] and I hereby accept the appointment as registered agent from [Name] and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE OF REGISTERED AGENT (REQUIRED WHEN REGISTERING) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITNEY, AMANDA L	
STREET ADDRESS	1031 IVES DAIRY ROAD, UNIT 123	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITNEY, BROOKE A	
STREET ADDRESS	1031 IVES DAIRY ROAD, UNIT 123	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WHITNEY, ROBERT J	
STREET ADDRESS	1031 IVES DAIRY ROAD, UNIT 123	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITNEY, ROBERT M	
STREET ADDRESS	1031 IVES DAIRY ROAD, UNIT 123	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITNEY, NANCYE L	
STREET ADDRESS	1031 IVES DAIRY ROAD, UNIT 123	
CITY-ST-ZIP	MIAMI FL 33179	

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 declare that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or trustee or trustee-in-power 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 as an addition with an address.

SIGNATURE: *Robert M Whitney* 3/17/97 3056551515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)