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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90098 045 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000085068

1. Corporation Name
SUNMED HEALTHCARE PROVIDERS, INC.



Principal Place of Business 1150 N.W. 72ND AVE. SUITE 500 MIAMI FL 33156 US	Mailing Address P.O. BOX 526200 SUITE 311 MIAMI FL 33152 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1987 NW 88 CT Suite, Apt. #, etc. 22 SUITE 201 City & State 23 MIAMI, FL Zip 24 33172	2a. Mailing Address 26 P.O. Box 526200 Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33152-6200	Country 25 USA Country 30 USA
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3. Date Incorporated or Qualified 11/03/1995	4. FEI Number 65-0634161	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	81 Name Alexander Tirado 82 Street Address (P.O. Box Number is Not Acceptable) 10735 S.W. 59th Terrace 83 84 City Miami
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10. Name and Address of New Registered Agent 85 Zip Code 33173

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 **Alexander Tirado** **April 9, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BANGERTER, PHILLIP 899 WEST CYPRESS CREEK ROAD, SUITE 311 FORT LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP MARTIN, M.D. MICHAEL 1987 NW 88 CT # 201 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TIRADO, ALEXANDER 899 WEST CYPRESS CREEK ROAD, SUITE 311 FORT LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LASHER, EDWARD C 899 WEST CYPRESS CREEK ROAD, SUITE 311 FORT LAUDERDALE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G...	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: **Alexander Tirado** **April 9, 1999** (305) 436-9300 x 223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)