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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085068

1. Corporation Name

SUNMED HEALTHCARE PROVIDERS, INC.

Principal Place	e of Business	Mailing Address				+ 19911981 1	(B B B) B		fill seits	*********
1150 N.W. 72N	D AVE.	P.O. BOX 526200			\					
SUITE 500		SUITE 311								
MIAMI FL 3315	6	MIAMI FL 33152					DO NOT WRITE	IN THIS SP	ACE	
US '		US			1	 Date Incorpora 11/03/1995 			-	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Apr	olied For
700	7 NW 88 CT	26 P.O. Box 526200			Í	65-063416	:1			Applicable
21 / 70 Suite, Apt.	<u>/**:</u>	Suite, Apt. #, etc.				00 000410		/ 9	8.75.A	
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Pursuant	to the provisions of Sections 607.0502	and but 1506, Florida Statutes,	the abor	ve-named	corpora	ation submits this s	tatement for the pur	pose of cita		· X 1
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or	f Florida. Such change was auth	iorized bi	v the coro	corpora oration	ation submits this s s board of director	tatement for the pui s. I hereby accept th	e appointm	ent as rec	gistered
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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 attraction of the corporation of the cor

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 1999

(305) 436-9300 x 223