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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000086600			
1. Corporation Name CAREMED HEALTH SYSTEMS, INC.			
Principal Place of Business 8125 NW 53 STREET 116 MIAMI FL 33166 US		Mailing Address P.O. BOX 141966 CORAL GABLES FL 33114-1966 US	
2. Principal Place of Business 21 420 Lincoln Road Suite, Apt. #, etc. 22 Suite 432 City & State 23 Miami Beach, Florida Zip Country 24 33139 25 USA		2a. Mailing Address 26 420 Lincoln Road Suite, Apt. #, etc. 27 Suite 432 City & State 28 Miami Beach, Florida Zip Country 29 33139 30 USA	
9. Name and Address of Current Registered Agent DIAZ, MARIALENA 8125 NW 53 STREET SUITE #116 MIAMI FL 33166		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 PLC Investments, Inc. 420 Lincoln Road Suite 432 Miami Beach, FL 33139	
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 <u>Hilda C. Montero</u> DATE 1/15/99 (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 P <input checked="" type="checkbox"/> DELETE NAME MARTINEZ, OSVALDO S STREET ADDRESS 8125 NW 53 STREET, SUITE #116 CITY-ST-ZIP MIAMI FL 33166		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME CEJAS, PABLO STREET ADDRESS 420 LINCOLN ROAD, SUITE #432 CITY-ST-ZIP MIAMI BEACH FL 33139		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Pablo L. Cejas 2.3 STREET ADDRESS 420 Lincoln Road, Suite 432 2.4 CITY-ST-ZIP Miami Beach, FL 33139	
TITLE D <input type="checkbox"/> DELETE NAME NEITZEL, JULIE STREET ADDRESS 420 LINCOLN ROAD, SUITE #432 CITY-ST-ZIP MIAMI BEACH FL 33139		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Hilda C. Montero 4.3 STREET ADDRESS 420 Lincoln Road, Suite 432 4.4 CITY-ST-ZIP Miami Beach, FL 33139	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: Hilda C. Montero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99
Date

305-531-5220
Daytime Phone #

CR2E034 (11/98)