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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000005135 (4)</b>	
1. Corporation Name <b>ROSA TAM, M.D., P.A.</b>	
Principal Place of Business <b>8670 JOHNSON STREET PEMBROKE PINES FL 33024</b>	Mailing Address <b>8670 JOHNSON STREET PEMBROKE PINES FL 33024-8508</b>



2. Principal Place of Business <b>21 2300 CORAL WAY</b> Suite, Apt. #, etc. <b>22 SUITE # 200</b> City & State <b>23 MIAMI FLORIDA</b> Zip <b>24 33145</b>		2a. Mailing Address <b>26 2300 CORAL WAY</b> Suite, Apt. #, etc. <b>27 SUITE # 200</b> City & State <b>28 MIAMI FLORIDA</b> Zip <b>29 33145</b> Country <b>30 US</b>		3. Date Incorporated or Qualified <b>01/16/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0633215</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FLORIDA ANNUAL REPORT SERVICES, INC. 8670 JOHNSON STREET PEMBROKE PINES FL 33024</b>		10. Name and Address of New Registered Agent <b>81 Name FLORIDA ANNUAL REPORT SERVICES, INC.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY, SUITE # 200</b> <b>83 CANTELOP BUILDING</b> <b>84 City MIAMI FL 85 Zip Code 33145</b>	
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11. Pursuant to the provisions of Sections 607.0509 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 *[Signature]* **AMADA CANTERA LOPEZ, PRES** DATE **4/30/97**  
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P/T/S/D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAM, ROSA</b>		1.2 NAME	
STREET ADDRESS <b>8670 JOHNSON STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES, FL 33024</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **ROSA TAM - PRES** DATE **4/30/97** Daytime Phone #

CR2E034 (9/96)