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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

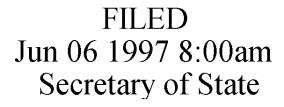
Sandra B. Mörthan

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600005398 (8)

GGSF PHYSICIANS CORP.

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Suite, Apt. #, etc. Suite, Apt. #, etc.	SIOT S.W. STH STREET MIAMI FL 33134		5101 S.W. 8TH STREET MIAMI FL 33134-2442						
Sulle, Apt. #, etc. Sulle, Apt. #, etc.							3a. Date of Last	Report	
22 City & State 23 Country 28 Country 29 Country 29 29 30 Trust Fund Contribution \$5.00 May add to Face flower of the State of State State State of State Sta	26 Sulte, Apt. #, etc. Suite, Apt. # 27				4 FEI Number 65 - 0635396		Applied For Not Applicable		
Zup			27			5. Certificate of Status Desired S8.75 Additional Fee Required			
28 29 30	:3		28	1					
KURZWELL, HOWARD F -328 MINORCA AVENUE SECOND FLOOR CORAL GABLES FL 33134 84 City FL 85 Zip Cod 15. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes. The above-neared corporation submits this statement for the purpose of changing its registered agant, or both in the State of Florida. Such change was each ordered by the corporation's board of directors. Thereby accept the appointment as reg 15. Pursuant to the provision of Sections 607 0502 and 607 1508. Florida Statutes. 16. Pursuant learnities with, and accept the obligations of, Section 607 0505, Florida Statutes. 17. Pursuant learnities with, and accept the obligations of, Section 607 0505, Florida Statutes. 18. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 10. TITLE 10. PD DELETE 11. TITLE 12. MAIN FL 33134 13. STRET ADDRESS 14. CITY - ST - ZP 15. TITLE	_ `	25	29	 -	y 	Florida Statutes	Yes No	s. 199.032,	
Signature The provisions of Sections 607 0502 and 607 1508. Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of, Socion 607 0502, Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of, Socion 607 0505, Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of, Socion 607 0505, Floridal Statutes. SIGNATURE Signature The provisions of Sections 607 0502 and 607 1508. Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of, Socion 607 0505, Floridal Statutes. SIGNATURE Signature required agent a	- VIID	· · · · · · · · · · · · · · · · · · ·	Hegistered Agent	0.4	T 60	10. Name and Address of New Re	gistered Agent		
SECOND FLOOR CORAL GABLES FL 33134 83 84 City FL 85 Zip Cod 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 re office or registered agent, or both, in the State of Florida. Such change was eatherized by the corporation's board of directors. I hereby accept the appointment as reg agent. 810 810 811. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes the above-named corporation's board of directors. I hereby accept the appointment as reg agent. 810 810 811. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS TO O				*'	Name				
CORAL GABLES FL 33134 88 City				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
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 agont, 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 agont, or an accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Total									
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 re office or registered agont, or both, in the State of Florida. Such change was euthorized by the corporation's board of directors. I hereby accept the epiponimoni as reg agent. I am familiar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE The provisions of Sections 607.0502 and 607.0505, Florida Statutes agent and mamiliar with, and accept the opponimoni as reg agent. I am familiar with, and accept the opponimoni as reg segment and mamiliar with, and accept the opponimoni as reg segment and accept the opponimonia as reg segment and accept the opponi	COH	IAL GABLES FL 33134		83					
SIGNATURE Signature, who accept the obligations of, Section 607.0905, Florida Statutes SIGNATURE Signature, typed or printed name of registered agent and file if applicable PD NAME TITLE NAME STREET ADDRESS DITY-ST-ZIP STREET ADDRESS DITY-ST-ZIP STREET ADDRESS DITY-ST-ZIP NAME STREET ADDRESS DITY-ST-ZIP STREET ADDRESS DITY-ST-Z					1	· some	- - L '		
Signature Sign	11. Pursuant to office or re agent. I ar	to the provisions of Sections 607.0502 agistered agent, or both, in the State in familiar with, and accept the obliga	end 607.1508, Florida Statut of Florida. Such change was tions of, Section 607.0505, Ft	les, the above authorized borida Statute	re-named cor y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing of the appointment a	its registered s registered	
TITLE	SIGNATURE .					ulrod whon reinstating)	DATE		
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13 STREET ADDRESS MIAMI FL 33134	TITLE		☐ DELETE	1.1 TITLE			Change	Addition	
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FORRER, JOSE P				1.4 City-:	ST-ZIP				
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CITY-ST-ZIP 64 CITY-ST-ZIP	CITY-ST-ZIP			6.4 CRY-5	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 I am an officer or director of the corporation or the receiver or fustee 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 attackment with an address.	14. I do hereb information I am an off	y certify that the information supplied n indicated on this annual report or su ficer or director of the corporation or	with this filing does not quali- applemental armual report is to the receiver or rustee empore	fy for the exer rue and acci vered to exer	emption state urate and the cute this repo	ed in Section 119.07(3)(+), Florida Statutes at my signature shall have the same lega ort as required by Chapter 607. Florida S	s. I further certify that l effect as if made un tatutes; and that my	t the ider oath; that	