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**Mar 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011282 (6)

1. Corporation Name
PHOENIX MEDICAL MANAGEMENT, INC.



Principal Place of Business
**9130 SOUTH DADELAND BLVD
SUITE 1701
MIAMI FL 33156**

Mailing Address
**9130 SOUTH DADELAND BLVD
SUITE 1701
MIAMI FL 33156-7858**

3. Date Incorporated or Qualified
02/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 **25 S.E. 2nd AVE.**

22 **SUITE 919**

23 **MIAMI, FLORIDA**

24 **33131** 25 **U.S.**

2a. Mailing Address

26 **25 S.E. 2nd AVE**

27 **SUITE 919**

28 **MIAMI, FLORIDA**

29 **33131** 30 **U.S.**

4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SOLOFF, STACEY F
9130 SOUTH DADELAND BLVD
SUITE 1701
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2nd AVE., SUITE 919

83

84 City **MIAMI** 85 Zip Code **FL 33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANIELS, STEFANI	
STREET ADDRESS	9130 SOUTH DADELAND BLVD STE 1701	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOLOFF, STACEY F	
STREET ADDRESS	9130 SOUTH DADELAND BLVD STE 1701	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	25 S.E. 2nd AVE, SUITE 919
1.4 CITY-ST-ZIP	MIAMI, FL 33131
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	25 S.E. 2nd AVE, SUITE 919
2.4 CITY-ST-ZIP	MIAMI, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 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 included 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: **Stacey F. Soloff** STACEY F. SOLOFF 2 (305) 358-8171

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)