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Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000015074 (3)

1. Corporation Name
CADUCEUS PRIMA HEALTH CORPORATION



Principal Place of Business
9877 PINES BLVD.
PEMBROKE PINES FL 33024

Mailing Address
9877 PINES BLVD.
PEMBROKE PINES FL 33024-6164

3. Date Incorporated or Qualified 02/16/1996
3a. Date of Last Report

2. Principal Place of Business
21 4929 S.W. 148th Ave
22 DAVIE, FL
23 33330
24 USA

2a. Mailing Address
26 4929 S.W. 148th Ave
27 DAVIE, FL
28 33330
29 USA

4. FEI Number 65-0656959
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WONG, ANTONIO H
9877 PINES BLVD.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P. O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Table with 12 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City, State, Zip. Includes a 'DELETE' checkbox for each row.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City, State, Zip. Includes checkboxes for Change and Addition.

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Antonio H. Wong, 2111197, 954-433-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)