

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90011 002 ***150.00
 09-21-1999 90018 001 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000016055**

1. Corporation Name
NATIONAL MEDICAL GROUP, INC.

Principal Place of Business 6630 BISCAYNE BOULEVARD MIAMI FL 33138	Mailing Address 6630 BISCAYNE BOULEVARD MIAMI FL 33138
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1996	
4. FEI Number 65-0656594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 1001 NW 54th St	2a. Mailing Address 26 1001 NW 54th St
Suite, Apt. #, etc. 22 MIAMI, FL Suite L	Suite, Apt. #, etc. 27 Suite L
City & State 23	City & State 28 MIAMI FL
Zip 24 33127	Country 25 AMERICA
Zip 29 33127	Country 30 DADE

9. Name and Address of Current Registered Agent

IKPE, NSIDIBE
1001 NW 54TH ST
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name MARIE F ADAM	
82 Street Address (P.O. Box Number is Not Acceptable) 1001 NW 54th STREET	
83 MIAMI FL 33127	
84 City MIAMI	85 Zip Code FL 33127

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 **MARIE F ADAM** *Marie F Adam* DATE **5/15/99**

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME IKPE, D.O., NSIDIBE DR.	
STREET ADDRESS 6630 BISCAYNE BOULEVARD	
CITY-ST-ZIP MIAMI FL 33138	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MOISE, RUDOLPH D.O	
STREET ADDRESS 671 N.W. 119TH STREET	
CITY-ST-ZIP NOTH MIAMI FL 33168	
TITLE D	<input type="checkbox"/> DELETE
NAME ADAM, MARIE F M.D.	
STREET ADDRESS 1001 N.W. 54TH STREET	
CITY-ST-ZIP MIAMI FL	
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *W. NATK...* 8-15-99 3057543127

CRZE034 (5/99)