

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 05 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 # P96000023085 (9)

1. Corporation Name:
HEALTH MANAGEMENT INDUSTRIES, INC.

Principal Place of Business
17900 SW 3RD ST.
PEMBROKE PINES FL 33029

Mailing Address
17900 SW 3RD ST.
PEMBROKE PINES FL 33029-3911



3. Date Incorporated or Qualified 03/14/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0677304		Applied For Not Applicable	
21 State Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent FLEISCHER, SHARON 17900 SW 3RD ST. PEMBROKE PINES FL 33029				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: Sharon G. Fleischer
(NOTE: Registered Agent signature required when reinstating)
DATE: 1/8/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	11 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FLEISCHER, NEIL H		12 NAME	FLEISCHER, SHARON G.			
STREET ADDRESS	17900 SW 3RD ST.		13 STREET ADDRESS	17900 SW 3RD ST			
CITY-ST-ZIP	PEMBROKE PINES FL 33029		14 CITY-ST-ZIP	Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	DV	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLEISCHER, SHARON G		22 NAME				
STREET ADDRESS	17900 SW 3RD ST.		23 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33029		24 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FLEISCHER, SHARON G		32 NAME				
STREET ADDRESS	17900 SW 3RD ST		33 STREET ADDRESS				
CITY-ST-ZIP	Pembroke Pines, FL 33029		34 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FLEISCHER, NEIL H		42 NAME				
STREET ADDRESS	17900 SW 3RD ST		43 STREET ADDRESS				
CITY-ST-ZIP	Pembroke Pines, FL 33029		44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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: Sharon G. Fleischer, Pres. 1/8/97 954-433-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/96)