

Ammended

**CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 18 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name Health Professionals Group, Inc.	DOCUMENT # P96000027955
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Mailing Address 2500 E. Hallandale Bch Blvd. Suite, M Hallandale, FL 33009	Principal Place of Business same
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 03/25/96	3a. Date of Last Report 05/27/97
4. FEI Number 65-0663344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOORE, BOB 2500 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name James Rubin</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Allowed) 2500 E. Hallandale Beach Blvd.</td> </tr> <tr> <td>83</td> </tr> <tr> <td>84 City Hallandale</td> </tr> <tr> <td>85 Zip Code FL 33009</td> </tr> </table>	81 Name James Rubin	82 Street Address (P.O. Box Number is Not Allowed) 2500 E. Hallandale Beach Blvd.	83	84 City Hallandale	85 Zip Code FL 33009
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83						
84 City Hallandale						
85 Zip Code FL 33009						

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE *James Rubin* DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D	1.1 TITLE D
1.2 NAME MOORE, BOB	1.2 NAME JAMES RUBIN
1.3 STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD.	1.3 STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD.
1.4 CITY-ST-ZIP HALLANDALE, FL 33009	1.4 CITY-ST-ZIP HALLANDALE, FL 33009
2.1 TITLE	2.1 TITLE
2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
3.1 TITLE	3.1 TITLE
3.2 NAME	3.2 NAME
3.3 STREET ADDRESS	3.3 STREET ADDRESS
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
4.1 TITLE	4.1 TITLE
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

100002298591-4
-09/19/97--01112--011
*****122.50 *****61.25

100002298591-4
-09/19/97--01112--012
*****17.50 *****8.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Rubin* James Rubin, Director 6/30/97 954-458-9494