


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

FILED

Apr 01 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 # P96000031240 (0)			
1. Corporation Name PHYSICIANS FINANCIAL CONSULTING NETWORK, INC.			
Principal Place of Business 4749 NW 97 CT. MIAMI FL 33178		Mailing Address 4749 NW 97 CT. MIAMI FL 33178-1979	
2. Principal Place of Business 21 12928 S.W. 133 Court Suite, Apt. #, etc.		2a. Mailing Address 26 12928 S.W. 133 Court Suite, Apt. #, etc.	
22 N/A City & State		27 N/A City & State	
23 Miami, Florida Zip Country		28 Miami, Florida Zip Country	
24 33186 25 U.S.A.		29 33186 30 U.S.A.	
g. Name and Address of Current Registered Agent MEDINA, FRANCISCO 4749 NW 97 CT. MIAMI FL 33178		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8260 SW 37TH STREET 83 84 City MIAMI FL 85 Zip Code 33155	
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	P	<input type="checkbox"/> DELETE	
NAME	MEDINA, FRANCISCO		
STREET ADDRESS	4749 NW 97 CT.		
CITY - ST - ZIP	MIAMI FL 33178		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	CASTILLO, JULIA A		
STREET ADDRESS	2110 SW 104TH PL.		
CITY - ST - ZIP	MIAMI FL 33165		
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			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS	8260 SW 37TH ST.		
1.4 CITY - ST - ZIP	MIAMI, FL 33155		
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 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: FRANCISCO MEDINA. (305) PRESIDENT - 3/23/97 235-8750			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			

CR2E034 (9/96)