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FILED  
May 13 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 # P96000031878 (7)

1. Corporation Name  
PBG MEDICAL MALL MOB 3, INC.

Principal Place of Business  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
W PALM BEACH FL 33401

Mailing Address  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
W PALM BEACH FL 33401-6161



3. Date Incorporated or Qualified  
04/11/1996  
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 197 First Ave		Applied for		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Needham MA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 02194		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	President / INCORPORATED
NAME		1.2 NAME	Abraham D. Gosman
STREET ADDRESS		1.3 STREET ADDRESS	197 First Ave
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Needham, MA 02194
TITLE	DELETE	2.1 TITLE	Vice President & Secretary
NAME		2.2 NAME	James M. Clary, III
STREET ADDRESS		2.3 STREET ADDRESS	197 First Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Needham, MA 02194
TITLE	DELETE	3.1 TITLE	Vice President
NAME		3.2 NAME	Frederick R. Leathers
STREET ADDRESS		3.3 STREET ADDRESS	197 First Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Needham, MA 02194
TITLE	DELETE	4.1 TITLE	Vice President
NAME		4.2 NAME	Richard P. Zermani
STREET ADDRESS		4.3 STREET ADDRESS	197 First Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Needham, MA 02194
TITLE	DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE

CR2E034 (9/96)