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May 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039264 (2)

1. Corporation Name

SUNMED INSURANCE NETWORK, INC.

Principal Place of Business

899 WEST CYPRESS CREEK ROAD, SUITE 311
FT. LAUDERDALE FL 33309

Mailing Address

899 WEST CYPRESS CREEK ROAD, SUITE 311
FT. LAUDERDALE FL 33309

2. Principal Place of Business

21 1150 N.W. 72 Ave.

Suite, Apt. #, etc.

22 500

City & State

23 Miami, FL.

Zip

24 33126

Country

25 Dale

2a. Mailing Address

26 P.O. Box 526200

Suite, Apt. #, etc.

27

City & State

28 Miami, FL.

Zip

29 33152-6200

Country

30 Dale

3. Date Incorporated or Qualified

05/03/1996

4. FEI Number

59-3376348

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes

No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

BANGERTE, PHILLIP W
899 WEST CYPRESS CREEK ROAD, SUITE 311
FT. LAUDERDALE FL 33309

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST

TIRADO, ALEXANDER
899 WEST CYPRESS CREEK ROAD, SUITE 311
FT. LAUDERDALE FL 33309

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

LASER, EDWARD C
899 WEST CYPRESS CREEK ROAD, SUITE 311
FT. LAUDERDALE FL 33309

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:



SVP

4/27/98

305-496-9000

CR2E034 (10/97)