

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

**FILED**

**May 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000040353 (0)**

1. Corporation Name  
**CAREMED PHYSICIAN'S GROUP, INC.**



Principal Place of Business <b>200 S. BISCAYNE BLVD. STE 2410 MIAMI FL 33131</b>	Mailing Address <b>200 S. BISCAYNE BLVD. STE 2410 MIAMI FL 33131-2329</b>	3. Date Incorporated or Qualified <b>05/08/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>8325 NW 53 Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 141966</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0685602</b>	Applied For Not Applicable
22 <b>Suite #100</b> City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>Miami, FL</b> Zip Country	28 <b>Coral Gables, FL</b> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33166</b>	25	29 <b>33114</b>	30

9. Name and Address of Current Registered Agent <b>DIAZ, MARIALENA 7950 NW 53RD STREET STE 210 MIAMI FL 33166</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>8325 NW 53 Street</b> 83 <b>Suite #100</b> 84 City <b>Miami, FL</b> 85 Zip Code <b>33166</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed below of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CEJAS, PAUL L</b>	1.2 NAME	
STREET ADDRESS	<b>200 S. BISCAYNE BLVD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, OSVALDO S</b>	2.2 NAME	
STREET ADDRESS	<b>200 S. BISCAYNE BLVD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALAZAR, GUILLERMO</b>	3.2 NAME	
STREET ADDRESS	<b>200 S. BISCAYNE BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

**SIGNATURE:**  **OSVALDO MARTINEZ, PRESIDENT 1/24/97 (305)592-5583**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone # 0173073

CR2E034 (9/96)