

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

8325 NW 53RD ST
SUITE 100
MIAMI FL 33166
US

Mailing Address

P.O. BOX 141966
CORAL GABLES FL 33114
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	8125 NW 53 Street	26		05/08/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	116	27		65-0685602	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Miami, FL	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 33166	29	Zip 33114-1966	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country USA	30	Country USA		

9. Name and Address of Current Registered Agent

DIAZ, MARILENA
8325 NW 53RD ST
SUITE 100
MIAMI FL 33166

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	8125 NW 53 Street
84	Suite 116
85	City Miami
86	FL
87	Zip Code 33166

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D	1.1 TITLE	D
NAME	CEJAS, PAUL L	1.2 NAME	Julie Neitzel
STREET ADDRESS	200 S. BISCAYNE BLVD.	1.3 STREET ADDRESS	420 Lincoln Road, Suite #432
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, OSVALDO S	2.2 NAME	8125 NW 53 Street, Suite 116
STREET ADDRESS	200 S. BISCAYNE BLVD.	2.3 STREET ADDRESS	Miami, FL 33166
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, GUILLERMO	3.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	Pablo Cajas
CITY-ST-ZIP		4.4 CITY-ST-ZIP	420 Lincoln Road, Suite #432
TITLE		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		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 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

2/25/98

CR2E034 (10/97)