

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.



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/08/1996	4. FEI Number 65-0685602
21 8125 NW 53 Street	26	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22 Suite, Apt. #, etc. 116	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
23 City & State Miami, FL	28 City & State	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	
24 Zip 33166	25 Country USA	29 Zip 33114-1966	30 Country USA

9. Name and Address of Current Registered Agent

DIAZ, MARIALENA
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)	8125 NW 53 Street
83 Suite	Suite 116
84 City	Miami
85 Zip Code	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____


12. OFFICERS AND DIRECTORS

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

CR2E094 (10/97)