

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

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000044513 (5)**

1. Corporation Name
PRIMED HEALTH CORPORATION



Principal Place of Business 8845 SCHOOL HOUSE ROAD MIAMI FL 33158	Mailing Address 8845 SCHOOL HOUSE ROAD MIAMI FL 33158-2201
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report 5/20/96
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-0073061	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ZISKIND, J A ESQ. 8845 SCHOOL HOUSE ROAD MIAMI FL 33158				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	J.A. Ziskind
STREET ADDRESS		1.3 STREET ADDRESS	8845 School House Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Coral Gables, FL. 33156
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Norman B. Gaylis, M.D.
STREET ADDRESS		2.3 STREET ADDRESS	520 N. Parkway
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Golden Beach, FL. 33160
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary, Treas., Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kenneth I. Arvin
STREET ADDRESS		3.3 STREET ADDRESS	321 NW 110 Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Plantation, FL. 33324
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: _____ DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)