

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000049182 (4)

1. Corporation Name
NATIONSMED MEDICAL GROUP OF BOCA RATON, INC.



Principal Place of Business
**7850 N.W. 53RD ST.
 SUITE 210
 MIAMI FL 33166**

Mailing Address
**7850 N.W. 53RD ST.
 SUITE 210
 MIAMI FL 33166-7901**

3. Date Incorporated or Qualified **06/10/1996** 3a. Date of Last Report
 4. FEI Number **65-0679885** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 **8325 NW 53 Street**
 Suite, Apt. #, etc.
 22 **Suite #100**
 City & State
 23 **Miami, FL**
 Zip Country
 24 **33166** 25

2a. Mailing Address
 26 **P.O. Box 141966**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Coral Gables, FL**
 Zip Country
 29 **33114** 30

9. Name and Address of Current Registered Agent
**BERGER, JAMES L
 BERGER & DAVIS, P.A.
 100 N.E. 3RD AVE., STE. 400
 FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
 81 Name **Marialena Diaz**
 82 Street Address (P.O. Box Number is Not Acceptable) **8325 NW 53 Street**
 83 **Suite #100**
 84 City **Miami, FL** 85 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 *Marialena Diaz* **Marialena Diaz, Comptroller** DATE **1/22/97**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	MARTINEZ, OSVALDO	
STREET ADDRESS	7850 N.W. 53RD ST., STE. 210	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

CR2E034 (9/96)