


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 # P96000049182 (4)
 1. Corporation Name
NATIONSMED MEDICAL GROUP OF BOCA RATON, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8325 N.W. 53 ST STE. 100 MIAMI FL 33166 US	Mailing Address P.O. BOX 141866 CORAL GABLES FL 33114 US
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3. Date Incorporated or Qualified 06/10/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0679885	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business 21 8125 NW 53 Street Suite, Apt. #, etc. 22 116 City & State 23 Miami, FL Zip 24 33166	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33114-1966	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent

**DIAZ, MARIALENA
8325 N.W. 53 ST
STE. 100
MIAMI FL 33166**

10. Name and Address of New Registered Agent

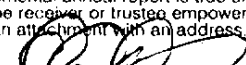
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	8125 NW 53 Street
83	Suite 116
84 City	Miami
85 Zip Code	FL 33166

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D MARTINEZ, OSVALDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	7950 N.W. 53RD ST., STE. 210 MIAMI FL 33166	1.3 STREET ADDRESS	8125 NW 53 Street, Suite 116
		1.4 CITY-ST-ZIP	Miami, FL 33166
<input type="checkbox"/> DELETE		2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		2.2 NAME	Pablo Cejas
		2.3 STREET ADDRESS	420 Lincoln Road, Suite #432
		2.4 CITY-ST-ZIP	Miami Beach, FL 33139
<input type="checkbox"/> DELETE		3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	Julie Neitzel
		3.3 STREET ADDRESS	420 Lincoln Road, Suite #432
		3.4 CITY-ST-ZIP	Miami Beach, FL 33139
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		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**

CR2E034 (10/97)