

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

FILED
May 16 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 # P96000049186 (5)
 1. Corporation Name
NATIONSMED MEDICAL GROUP OF BOYNTON BEACH, INC.



Principal Place of Business 7950 N.W. 53RD ST., STE. 210 MIAMI FL 33166	Mailing Address 7950 N.W. 53RD ST., STE. 210 MIAMI FL 33166-7801
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3. Date Incorporated or Qualified 06/10/1996	3a. Date of Last Report
4. FEI Number 65-0679883	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8325 NW 53 Street Suite, Apt. #, etc	2a. Mailing Address 26 P.O. BOX 141966 Suite, Apt. #, etc.
22 Suite #100 City & State	27 City & State
23 Miami, FL Zip Country	28 Coral Gables, FL Zip Country
24 33166	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 85 Zip Code FL 33166
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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 **1/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, OSVALDO		1.2 NAME	
STREET ADDRESS 7950 N.W. 53RD ST., STE. 210		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33166		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: *Osvaldo Martinez* **OSVALDO MARTINEZ, PRESIDENT** DATE **1/24/97** DAYTIME PHONE # **(305) 592-5583**

CR2E034 (9/96)