

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

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>8325 NW 53RD ST                  SUITE 100                  MIAMI FL 33166                  US</b>	Mailing Address <b>P.O. BOX 141866                  CORAL GABLES FL 33114                  US</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>06/10/1996</b>	
<b>4.</b> FEI Number <b>65-0679883</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**DIAZ, MARIALENA**  
**8325 NW 53RD ST**  
**100 N.E. 3RD AVE., STE. 400**  
**MIAMI FL 33166**

**10. Name and Address of New Registered Agent**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MARTINEZ, OSVALDO</b>	
STREET ADDRESS <b>7950 N.W. 53RD ST., STE. 210</b>	
CITY-ST-ZIP <b>MIAMI FL 33166</b>	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**

<b>1.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	<b>8125 NW 53 Street, Suite #116</b>
<b>1.4</b> CITY-ST-ZIP	<b>Miami, FL 33166</b>
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2</b> NAME	<b>Pablo Cejas</b>
<b>2.3</b> STREET ADDRESS	<b>420 Lincoln Road, Suite #432</b>
<b>2.4</b> CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2</b> NAME	<b>Julie Neitzel</b>
<b>3.3</b> STREET ADDRESS	<b>420 Lincoln Road, Suite #432</b>
<b>3.4</b> CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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)