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FILED
Mar 27 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 # P96000062952 (2)

1. Corporation Name:
MEDICAL GROUP FINANCIAL SERVICES, INC.



Principal Place of Business: **650 BEACH ROAD NO. 341 VERO BEACH FL 32963**
 Mailing Address: **650 BEACH ROAD NO. 341 VERO BEACH FL 32963-4801**

3. Date Incorporated or Qualified: **07/26/1996** 3a. Date of Last Report

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **65-0687741** Applied For: Not Applicable:

22. Suite, Apt. #, etc.: 27. Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: 28. City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: 25. Country: 29. Zip: 30. Country:

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

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: ANDREW, JAMES		1.2 NAME:	
STREET ADDRESS: 650 BEACH ROAD NO. 341		1.3 STREET ADDRESS:	
CITY-STATE-ZIP: VERO BEACH FL 32963		1.4 CITY-STATE-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-STATE-ZIP:		2.4 CITY-STATE-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-STATE-ZIP:		3.4 CITY-STATE-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-STATE-ZIP:		4.4 CITY-STATE-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-STATE-ZIP:		5.4 CITY-STATE-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-STATE-ZIP:		6.4 CITY-STATE-ZIP:	

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*****165.00**

3/27/97

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 in 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: **3/19/97** DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR