

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 # P96000068451 (9)

1. Corporation Name  
[Redacted]

Name changed to: CAREMED MANAGED CARE, INC.



Principal Place of Business  
200 S. BISCAYNE BLVD. #2410  
MIAMI FL 33131

Mailing Address  
200 S. BISCAYNE BLVD. #2410  
MIAMI FL 33131-2329

3. Date Incorporated or Qualified 08/16/1996	3a. Date of Last Report
4. FEI Number 65-0689350	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	

21. 8325 NW 53 Street  
Suite, Apt. #, etc.

26. P.O. Box 141966  
Suite, Apt. #, etc.

22. Suite #100  
City & State

27. Coral Gables FL  
City & State

23. Miami, FL  
Zip

28. 33114  
Zip

24. 33166  
Country

29. 33114  
Country

30. [Blank]  
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, MARILENA  
7950 NW 53 STREET #210  
MIAMI FL 33168

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 Suite #100  
84 City  
85 Zip Code  
Miami, 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	
TITLE	D [ ] DELETE
NAME	CEJAS, PAUL L
STREET ADDRESS	200 S. BISCAYNE BLVD. #2410
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D [ ] DELETE
NAME	MARTINEZ, OSVALDO S
STREET ADDRESS	200 S. BISCAYNE BLVD. #2410
CITY - ST - ZIP	MIAMI FL 33131
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

4/5/13/97

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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: [Signature] OSVALDO MARTINEZ, PRESIDENT 1/24/97 (305) 592-5583

CR2E034 (9/96)