


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 # P96000068451 (9)

1. Corporation Name
CAREMED MANAGED CARE SERVICES, INC.



Principal Place of Business 6325 NW 53 STREET SUITE #100 MIAMI FL 33166	Mailing Address P.O. BOX 141966 CORAL GABLES FL 33114
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8125 NW 53 Street Suite, Apt. #, etc. 22 116 City & State 23 Miami, FL Zip 24 33166 Country 25 USA		2a. Mailing Address 26 8125 NW 53 Street Suite, Apt. #, etc. 27 116 City & State 28 Miami, FL Zip 29 33114-1966 Country 30 USA		3. Date Incorporated or Qualified 08/16/1996	4. FEI Number 65-0689350 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 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 6325 NW 53 STREET SUITE #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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CEJAS, PAUL L		1.2 NAME Julie Neitzel	
STREET ADDRESS 200 S. BISCAYNE BLVD. #2410		1.3 STREET ADDRESS 420 Lincoln Road, Suite #432	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP Miami Beach, FL 33139	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, OSVALDO S		2.2 NAME	
STREET ADDRESS 200 S. BISCAYNE BLVD. #2410		2.3 STREET ADDRESS 8125 NW 53 Street, Suite 116	
CITY-ST-ZIP MIAMI FL 33131		2.4 CITY-ST-ZIP Miami, FL 33166	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Pablo Cejas	
STREET ADDRESS		3.3 STREET ADDRESS 420 Lincoln Road, Suite #432	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Miami Beach, FL 33139	
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 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)