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Secretary of State

05-05-1999 90001 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000069708 1. Corporation Name TRADITION MANAGEMENT SERVICES, INC.			
Principal Place of Business 303 S.E. 17TH STREET FORT LAUDERDALE FL 33316		Mailing Address 303 S.E. 17TH STREET FORT LAUDERDALE FL 33316	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date incorporated or Qualified 08/21/1996		4. FEI Number 65-0723949	
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	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ULLMAN, SAMUEL C. Kelley, Drye & Warren, LLP 201 S. Biscayne Blvd., Suite 2400 Miami, FL		10. Name and Address of New Registered Agent 81 Name WILLIAM R. SCHERER 82 Street Address (P.O. Box Number is Not Acceptable) c/o CONRAD & SCHERER 83 633 South Federal Highway, 8th Floor 84 City Port Lauderdale, FL 85 Zip Code 33301	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE 6-3-99			
12. OFFICERS AND DIRECTORS TITLE PSTD <input checked="" type="checkbox"/> DELETE NAME ULLMAN, SAMUEL C. STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 2400 CITY-ST-ZIP MIAMI FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Fernando Valverde, M.D. 1.3 STREET ADDRESS 910 S. E. 17th Street, First Floor 1.4 CITY-ST-ZIP Port Lauderdale, FL 33316	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME RENE VALVERDE 2.3 STREET ADDRESS 910 S. E. 17th Street, First Floor 2.4 CITY-ST-ZIP Port Lauderdale, FL 33316	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME PATRICIA L. MAHANEY 3.3 STREET ADDRESS 303 S. E. 17th Street 3.4 CITY-ST-ZIP Port Lauderdale, FL 33316	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME FRANK MCELDOWNEY 4.3 STREET ADDRESS 303 S. E. 17th Street 4.4 CITY-ST-ZIP Port Lauderdale, FL 33316	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (11/98)