

513-97 B 7144 xc
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 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 # P96000070260 (0)

1. Corporation Name

PARTNERS IN HEALTH MANAGEMENT, INC.

Principal Place of Business

5557 WEST OAKLAND PARK BLVD. STE 320
LAUDERHILL FL 33313

Mailing Address

5557 WEST OAKLAND PARK BLVD. STE 320
LAUDERHILL FL 33313-1411



| | | | | | |
|--------------------------------|-------------------------|-----------------------|-------------------------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 3323 W. COMMERCIAL BLVD | 26 | 3323 W. COMMERCIAL BLVD | 08/21/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 SUITE 111 | | 27 SUITE 111 | | 65-0700639 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 FT. LAUDERDALE, FL | | 28 FT. LAUDERDALE, FL | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| 24 33309 | 25 USA | 29 33309 | 30 USA | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

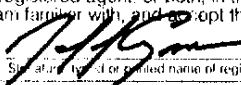
FISHMAN, LEWIS W
9130 SOUTH DADELAND BLVD. STE 1121
MIAMI FL 33156

10. Name and Address of New Registered Agent

| | | | |
|----|--|-----------------------------|----------|
| 81 | Name | JEFF CYNAMON, ESQUIRE | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | ADDICOTT & ADDICOTT, P.A. | |
| 83 | | 450 N. PARK ROAD, SUITE 805 | |
| 84 | City | 85 | Zip Code |
| | HOLLYWOOD | FL | 33021 |

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


Signature of registered agent and title if applicable

JEFF CYNAMON
(NOTE: Registered Agent signature required when reinstating)

4/29/97
DATE

| | | | |
|----------------------------|--------------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODWIN, ALAN PH.D. | 1.2 NAME | |
| STREET ADDRESS | 5557 WEST OAKLAND PARK BLVD. STE 320 | 1.3 STREET ADDRESS | 3323 W. OAKLAND PARK BLVD, SUITE 111 |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33309 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUYSMAN, JAMES | 2.2 NAME | |
| STREET ADDRESS | 5557 WEST OAKLAND PARK BLVD. STE 320 | 2.3 STREET ADDRESS | 3323 W. OAKLAND PARK BLVD SUITE 111 |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33309 |
| 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-ST-ZIP | | 3.4 CITY-ST-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-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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (1994)
677-3177
Date Daytime Phone #

CR2E034 (9/96)