


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90007 045 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000080637

1. Corporation Name
CLINICAL RESOURCE MANAGEMENT, INC.



Principal Place of Business 175 SW 24 ROAD MIAMI, FL 33129	Mailing Address 175 SW 24 ROAD MIAMI, FL 33129
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3191 CORAL WAY		2a. Mailing Address 26 3191 CORAL WAY		3. Date Incorporated or Qualified 09/27/1996	
Suite, Apt. #, etc. 22 Suite 404		Suite, Apt. #, etc. 27 Suite 404		4. FEI Number 65-0732532	
City & State 23 Miami, FL		City & State 28 Miami, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33145		Country 25 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 U.S.A.		Zip 30 33145		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MENENDEZ, CORA A 175 SW 24 ROAD MIAMI FL 33129				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENENDEZ, CORA A		1.2 NAME	
STREET ADDRESS 175 SW 24 ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33129		1.4 CITY-ST-ZIP	
TITLE VP, T	<input type="checkbox"/> DELETE	2.1 TITLE VP, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MENENDEZ, CORA A		2.2 NAME MENENDEZ, ALEJANDRO M.	
STREET ADDRESS		2.3 STREET ADDRESS 150 SE 25 ROAD, # 3-K	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI, FL 33129	
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 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:  **7/20/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)