


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000095815 (2)**

1. Corporation Name  
**CAREMED MEDICAL GROUP, INC.**



Principal Place of Business <b>8325 NW 53RD STREET SUITE 100 MIAMI FL 33166</b>	Mailing Address <b>8325 NW 53RD STREET SUITE 100 MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 8125 NW 53 Street</b> Suite, Apt. #, etc. <b>22 116</b> City & State <b>23 Miami, FL</b> Zip <b>24 33166</b>		2a. Mailing Address <b>26 P.O. Box 141966</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Coral Gables, FL</b> Zip <b>29 33114-1966</b>		3. Date Incorporated or Qualified <b>11/25/1996</b>	
				4. FEI Number <b>65-0710050</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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 <b>DIAZ, MARIALENA 8325 NW 53RD STREET SUITE 100 MIAMI FL 33166</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>8125 NW 53 Street,</b>			
				83 Suite #116			
				84 City <b>Miami</b>			
				85 Zip Code <b>FL 33166</b>			

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	D	CEJAS, PAUL L		1.1 TITLE	D	Julie Neitzel	
NAME		200 S. BISCAYNE BLVD, STE 2410		1.2 NAME		420 Lincoln Road, Suite #432	
STREET ADDRESS		MIAMI FL 33131		1.3 STREET ADDRESS		Miami Beach, FL 33139	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	CEJAS, PABLO L	<input type="checkbox"/> DELETE	2.1 TITLE		420 Lincoln Road, Suite #432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		200 S. BISCAYNE BLVD, STE 2410		2.2 NAME		Miami Beach, FL 33139	
STREET ADDRESS		MIAMI FL 33131		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	D	MARTINEZ, OSVALDO S	<input type="checkbox"/> DELETE	3.1 TITLE		8125 NW 53 Street, Suite #116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8325 NW 53RD STREET, STE 100		3.2 NAME		Miami, FL 33166	
STREET ADDRESS		MIAMI FL 33166		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)(l), 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)