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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101885

1. Corporation Name
REDMOND P. BURKE, MD, P.A.

Principal Place of Business
3576 Matheson AVE
MIAMI, FL 33133
US

Mailing Address
3576 Matheson Ave
Miami, FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1996
4. FEI Number: 65-0721980 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

Dana M. Kaufman
11900 Biscayne Blvd.
Miami, FL 33181

10. Name and Address of New Registered Agent

81 Name: Redmond P. Burke, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 3576 Matheson Avenue
83
84 City: Miami FL 85 Zip Code: 33133

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 Redmond P. Burke 2/28/99
Signature, typed or printed name of registered agent and title if applicable DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	BURKE, REDMOND P	
STREET ADDRESS	3576 Matheson AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

100002810011 - - 6
-03/23/99--01090--018
****150.00 ****150.00

[ ] Change [ ] Addition

315-99

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 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: Redmond P. Burke REDMOND P. BURKE 2/1/99 (305) 663-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR