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

PROFIT CORPORATION ANNUAL REPORT

QB- 1999

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

FILED
99 APR 23 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010383

1. Corporation Name

Accu-Med Health Management Services, Inc.

REINSTATEMENT 98-99 FSD 4/23/99

Principal Place of Business	Mailing Address
c/o Frank Hernandez 8362 Pines Blvd Suite 106 Pembroke Pines, Fl. 33024	c/o Frank Hernandez 8362 Pines Blvd Suite 106 Pembroke Pines, Fl. 33024

3. Date Incorporated or Qualified: 02-03-97

2. Principal Place of Business	2a. Mailing Address
21 5400 S. University Dr.	26 5400 S. University Dr.
22 Suite Apt #, etc #405	27 Suite Apt #, etc #405
23 City & State Davie, Fl.	28 City & State Davie, Fl.
24 Zip 33328 25 Country Broward	29 Zip 33328 30 Country Broward

4. FEI Number: 59-3424884

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 [ ] Yes [X] No

9. Name and Address of Current Registered Agent

Amerilawyer Chartered
343 Almeria Ave
Coral Gables, Fl. 33134

10. Name and Address of New Registered Agent

81 Name: Frank C. Hernandez
82 Street Address (P.O. Box Number is Not Acceptable): 5400 S. University Dr.
83 Suite #405
84 City: Davie FL 85 Zip Code: 33328

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: Frank C Hernandez 4/21/99
Signature, typed or printed name of registered agent and title if applicable (Date) (Note: Registered agent is required to sign.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		[ ] Change [ ] Add		[ ] Change [ ] Add
1 TITLE	PTD	[ ] DELETE	1 TITLE	900000285899--3
2 NAME	Hernandez, Amada E.		2 NAME	-04/30/99--01118--004
3 STREET ADDRESS	5400 S University Dr. Ste 405		3 STREET ADDRESS	****900.00 ****900.00
4 CITY-ST-ZIP	Davie, Fl. 33328		4 CITY-ST-ZIP	
5 TITLE	VSD	[ ] DELETE	5 TITLE	VSD [X] Change [ ] Add
6 NAME	CALANO, MARTIN J.		6 NAME	CALANO, MARTIN J
7 STREET ADDRESS	5400 S. University Dr Ste 405		7 STREET ADDRESS	5400 S UNIVERSITY DR #405
8 CITY-ST-ZIP	Davie, Fl. 33328		8 CITY-ST-ZIP	DAVIE FL. 33328 (SPELLING CORRECTION)
9 TITLE	Sec.	[ ] DELETE	9 TITLE	[ ] Change [ ] Add
10 NAME	Hernandez, Frank C.		10 NAME	
11 STREET ADDRESS	5400 S. University Dr.		11 STREET ADDRESS	
12 CITY-ST-ZIP	Davie, Fl. 33328		12 CITY-ST-ZIP	
13 TITLE	Treas.	[ ] DELETE	13 TITLE	TREAS [X] Change [ ] Add
14 NAME	CALANO, BARBARA B.		14 NAME	CALANO, BARBARA
15 STREET ADDRESS	5400 S. University Dr. Ste 405		15 STREET ADDRESS	5400 S UNIVERSITY DR #405
16 CITY-ST-ZIP	Davie, Fl. 33328		16 CITY-ST-ZIP	DAVIE FL 33328 (SPELLING CORRECTION)
17 TITLE		[ ] DELETE	17 TITLE	[ ] Change [ ] Add
18 NAME			18 NAME	
19 STREET ADDRESS			19 STREET ADDRESS	
20 CITY-ST-ZIP			20 CITY-ST-ZIP	
21 TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Add
22 NAME			22 NAME	
23 STREET ADDRESS			23 STREET ADDRESS	
24 CITY-ST-ZIP			24 CITY-ST-ZIP	

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(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: Frank C. Hernandez 4/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)