

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

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Worthington</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000012984 (5)**  
 1. Corporation Name  
**LYME MEDICAL GROUP, INC.**

Principal Place of Business <b>7805 CORAL WAY, SUITE 104 MIAMI FL 33155</b>	Mailing Address <b>7805 CORAL WAY, SUITE 104 MIAMI FL 33155</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4294 Palm ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Hialeah</b> Zip 24 <b>33012</b> 25 <b>FL</b> Country 26 <b>E-U</b>	2a. Mailing Address 26 <b>4294 Palm ave</b> Suite, Apt. #, etc. 27 City & State 28 <b>Hialeah</b> Zip 29 <b>33012</b> 30 <b>FL</b> Country 30 <b>E-U</b>
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3. Date Incorporated or Qualified <b>02/10/1997</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0726167</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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALTODANO, ELIZABETH</b>	1.2 NAME	
STREET ADDRESS	<b>7805 CORAL WAY, SUITE 104</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, DIGNA</b>	2.2 NAME	
STREET ADDRESS	<b>7805 CORAL WAY, SUITE 104</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALLE, JULIO</b>	3.2 NAME	
STREET ADDRESS	<b>7805 CORAL WAY, SUITE 104</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	3.4 CITY-ST-ZIP	
TITLE		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		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		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 attached sheet with an address.

SIGNATURE: \_\_\_\_\_ DATE: **03/10/98**

CR2E034 (10/97)