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FILED  
Sep 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000014040 (4)

1. Corporation Name

HEALTH PARTNERS MEDICAL GROUP, INC.

Principal Place of Business

250 DIXIE BLVD.  
SUITE 203  
DELRAY BEACH FL 33444

Mailing Address

250 DIXIE BLVD.  
SUITE 203  
DELRAY BEACH FL 33444



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1997

4. FEI Number

65-0726646

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS CREATIONS ENTERPRISES  
4521 PGA BLVD.  
SUITE 211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SPERDUTO, JOSEPH M M.D.  
250 DIXIE BLVD.  
DELRAY BEACH FL 33444

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D CLARKE, MARK M.D.  
250 DIXIE BLVD.  
DELRAY BEACH FL 33444

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D STYPEREK, JANUS M.D.  
250 DIXIE BLVD.  
DELRAY BEACH FL 33444

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D PERELMAN, MITCHELL A M.D.  
250 DIXIE BLVD.  
DELRAY BEACH FL 33444

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BRIDGES, DIANA M M.D.  
250 DIXIE BLVD.  
DELRAY BEACH FL 33444

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D DEGEROME, JAMES H M.D.  
250 DIXIE BLVD.  
DELRAY BEACH FL 33444

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

Director  
HELLMAN, DAVID C., M.D.  
250 DIXIE BLVD  
DELRAY BEACH, FL 33444

Director  
SOLE, AMBROSIO, M.D.  
250 DIXIE BLVD  
DELRAY BEACH, FL 33444

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

CR2E034 (10/97)