

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthagen Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000019999 (6)

1. Corporation Name

BONITA MEDICAL ASSOCIATES, INC.

Principal Place of Business

11479 SW 40TH STREET  
MIAMI FL 33165

Mailing Address

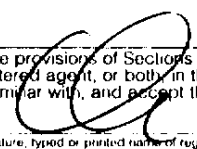
11479 SW 40TH STREET  
MIAMI FL 33165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/27/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		65-0767239	
24		29		30	
25		26		27	
28		29		30	
29		30		31	
30		31		32	
31		32		33	
32		33		34	
33		34		35	
34		35		36	
35		36		37	
36		37		38	
37		38		39	
38		39		40	
39		40		41	
40		41		42	
41		42		43	
42		43		44	
43		44		45	
44		45		46	
45		46		47	
46		47		48	
47		48		49	
48		49		50	
49		50		51	
50		51		52	
51		52		53	
52		53		54	
53		54		55	
54		55		56	
55		56		57	
56		57		58	
57		58		59	
58		59		60	
59		60		61	
60		61		62	
61		62		63	
62		63		64	
63		64		65	
64		65		66	
65		66		67	
66		67		68	
67		68		69	
68		69		70	
69		70		71	
70		71		72	
71		72		73	
72		73		74	
73		74		75	
74		75		76	
75		76		77	
76		77		78	
77		78		79	
78		79		80	
79		80		81	
80		81		82	
81		82		83	
82		83		84	
83		84		85	
84		85		86	
85		86		87	
86		87		88	
87		88		89	
88		89		90	
89		90		91	
90		91		92	
91		92		93	
92		93		94	
93		94		95	
94		95		96	
95		96		97	
96		97		98	
97		98		99	
98		99		100	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITE, ROBERT C JR 201 SOUTH BISCAYNE BLVD 20TH FLOOR MIAMI FL 33131		81 Name HERSTMAN, Lloyd 82 Street Address (P.O. Box Number is Not Acceptable) 904130 TAMiami trail 83 #300 84 City Port Charlotte FL 85 Zip Code 33952	

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
 Lloyd Herstman as 2.	3/23/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		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 attachment with an address.	
--	--

SIGNATURE:

3/23/98 (305) 221-7235

CR2E034 (10/97)