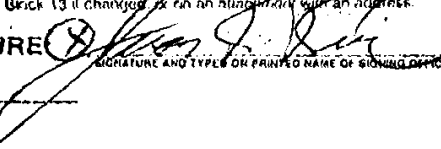


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000038979 1. Corporation Name			
T RANSOUTH MEDICAL CORPORATION			
2. Principal Place of Business 600 N.W. 98 Court Miami, Florida 33172		2a. Mailing Address 600 N.W. 98 Court	
21. State Address etc City & State		27. City & State Miami, Florida	
23. Zip 33172		29. Zip 33172	
25. Country		30. Country	
2. Name and Address of Current Registered Agent Juan R. Ruiz 8363 Lake Drive #H405 Miami, Florida 33166		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable) 600 N.W. 98 Court	
83. City		84. City	
85. Zip Code 33172		86. State FL	
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			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME JUAN R. RUIZ P/S/D		11. NAME	
2. STREET ADDRESS 600 N.W. 98 Court		12. NAME	
3. CITY, ST, ZIP Miami, Fla. 33172		13. STREET ADDRESS	
4. CITY, ST, ZIP		14. CITY, ST, ZIP	
5. NAME		15. NAME	
6. STREET ADDRESS		16. STREET ADDRESS	
7. CITY, ST, ZIP		17. CITY, ST, ZIP	
8. NAME		18. NAME	
9. STREET ADDRESS		19. STREET ADDRESS	
10. CITY, ST, ZIP		20. CITY, ST, ZIP	
11. NAME		21. NAME	
12. STREET ADDRESS		22. STREET ADDRESS	
13. CITY, ST, ZIP		23. CITY, ST, ZIP	
14. NAME		24. NAME	
15. STREET ADDRESS		25. STREET ADDRESS	
16. CITY, ST, ZIP		26. CITY, ST, ZIP	
17. NAME		27. NAME	
18. STREET ADDRESS		28. STREET ADDRESS	
19. CITY, ST, ZIP		29. CITY, ST, ZIP	
20. NAME		30. NAME	
21. STREET ADDRESS		31. STREET ADDRESS	
22. CITY, ST, ZIP		32. CITY, ST, ZIP	
23. NAME		33. NAME	
24. STREET ADDRESS		34. STREET ADDRESS	
25. CITY, ST, ZIP		35. CITY, ST, ZIP	
26. NAME		36. NAME	
27. STREET ADDRESS		37. STREET ADDRESS	
28. CITY, ST, ZIP		38. CITY, ST, ZIP	
29. NAME		39. NAME	
30. STREET ADDRESS		40. STREET ADDRESS	
31. CITY, ST, ZIP		41. CITY, ST, ZIP	
32. NAME		42. NAME	
33. STREET ADDRESS		43. STREET ADDRESS	
34. CITY, ST, ZIP		44. CITY, ST, ZIP	
35. NAME		45. NAME	
36. STREET ADDRESS		46. STREET ADDRESS	
37. CITY, ST, ZIP		47. CITY, ST, ZIP	
38. NAME		48. NAME	
39. STREET ADDRESS		49. STREET ADDRESS	
40. CITY, ST, ZIP		50. CITY, ST, ZIP	

SIGNATURE  **Juan R. Ruiz, Pres.** 4/29/98 305-922-
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR