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Mar 04 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 # P97000048315 (0)  
1. Corporation Name  
MERRICK HEALTH MANAGEMENT ASSOCIATES, INC.

Principal Place of Business  
1333 SOUTH MIAMI AVE  
SUITE 303  
MIAMI FL 33130

Mailing Address  
1333 SOUTH MIAMI AVE  
SUITE 303  
MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1997	
21 4649 Ponce de Leon Blvd		26 4649 Ponce de Leon Blvd		4. FEI Number 650756267	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22 Suite 400		27 Suite 400		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Coral Gables, Florida		28 Coral Gables, Florida		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24 33146		29 33146			
Country		Country			
25 USA		30 USA			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SANCHEZ DE VARONA, RAUL J ESO 1333 SOUTH MIAMI AVE SUITE 303 MIAMI FL 33130				81 Name Sanchez de Varona, Raul J ESO	
				82 Street Address (P.O. Box Number is Not Acceptable) 4649 Ponce de Leon Blvd.	
				83 SUITE 400	
				84 City Coral Gables	
				85 Zip Code FL 33146	

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	CORPAS, ARMANDO A	1.2 NAME	Corpas, Armando A.
STREET ADDRESS	1333 S MIAMI AVE, STE 303	1.3 STREET ADDRESS	4649 Ponce de Leon Blvd. Suite 400
CITY-ST-ZIP	MIAMI FL 33130	1.4 CITY-ST-ZIP	Coral Gables, Florida 33146
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 attachment with an address.

SIGNATURE:

2/20/98

CR2E034 (1097)