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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90176 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000070652

1. Corporation Name  
PROFESSIONAL HEALTH MANAGEMENT SERVICES, INC.



Principal Place of Business Mailing Address  
~~XXX XXXX STREET~~ ~~555 EAST 9TH STREET~~  
~~MIAMI FL 33010~~ ~~MIAMI FL 33010~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/14/1997

2. Principal Place of Business 2a. Mailing Address  
21 8260 W FLAGLER ST 26 8260 W FLAGLER ST

4. FEI Number Applied For  
65-0774070 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 2 M 27 2 M

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State City & State  
23 MIAMI, FL 28 MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country Zip Country  
24 33144 25 33144 29 33144 30 33144

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
SIFONTES, MIRIAM  
555 EAST 9TH STREET  
HIALEAH FL 33010

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Table with 5 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. The first row is filled with SIFONTES, MIRIAM, 555 EAST 9TH STREET, HIALEAH FL 33010. There are checkboxes for 'DELETE'.

Table with 5 rows for Additions/Changes to Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. There are checkboxes for 'Change' and 'Addition'.

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ 04-27-99 (300) 408-4088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)