


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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000099796 (9)
 1. Corporation Name
CONTINUCARE OUTPATIENT SERVICES, INC.

Principal Place of Business 100 SE 2ND ST., 36TH FLOOR MIAMI FL 33131	Mailing Address 100 SE 2ND ST., 36TH FLOOR MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 S.E. 2nd Street Suite, Apt. #, etc. 22 36th Floor City & State 23 Miami, FL Zip 24 33131		2a. Mailing Address 26 100 S.E. 2nd Street Suite, Apt. #, etc. 27 36th Floor City & State 28 Miami, FL Zip 29 33131		3. Date Incorporated or Qualified 11/20/1997	
4. FEI Number 65-0796181		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent TARBE, SUSAN ESQ. 100 SE 2ND ST., 36TH FLOOR MIAMI FL 33131		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent 81 Name Susan Tarbe, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street 83 36th Floor 84 City Miami FL 85 Zip Code 33131	

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 *Susan Tarbe* (Susan Tarbe, ESQ.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FERNANDEZ, CHARLES M		1.2 NAME Robert Thorne	
STREET ADDRESS 100 SE 2ND ST., 36TH FLOOR		1.3 STREET ADDRESS 100 S.E. 2nd St., 36th Floor	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP Miami FL 33131	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert F. Thorne* (Robert F. Thorne) 2/1998

CRE034 (10/97)