


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

FILED

Feb 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000106514 (7)**

1. Corporation Name

**MANAGEMED II, INC.**



Principal Place of Business <b>1601 BELVEDERE ROAD SUITE 500 EAST WEST PALM BEACH FL 33406</b>	Mailing Address <b>1601 BELVEDERE ROAD SUITE 500 EAST WEST PALM BEACH FL 33406</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 350 N.W. 12th Avenue</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 350 N.W. 12th Avenue</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/19/1997</b>	
22 City & State <b>23 Deerfield Beach, Florida</b> Zip <b>24 33442</b>		27 City & State <b>28 Deerfield Beach, Florida</b> Zip <b>29 33442</b>		4. FEI Number <b>65-0802754</b> Applied For <input type="checkbox"/> Not Applicable	
25 U.S.A.		30 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALENZUELA, ROBERT L ESQUIRE  
1601 BELVEDERE ROAD  
SUITE 500-E  
WEST PALM BEACH FL 33406**

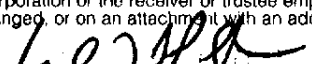
81 Name <b>Robert L. Palenzuela, Esquire</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>350 N.W. 12th Avenue</b>
83 City <b>Deerfield Beach</b>
84 State <b>FL</b>
85 Zip Code <b>33442</b>

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  **Roberto L. Palenzuela, Esquire** 02/05/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GIGLIOTTI, ANTHONY</b>		1.2 NAME	
STREET ADDRESS <b>1601 BELVEDERE RD, STE 500 E</b>		1.3 STREET ADDRESS <b>350 N.W. 12th Avenue</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33406</b>		1.4 CITY-ST-ZIP <b>Deerfield Beach, FL 33442</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HAWKINS, CHRISTOPHER T</b>		2.2 NAME <b>Christopher T. Harkins</b>	
STREET ADDRESS <b>1601 BELVEDERE RD, STE 500 E</b>		2.3 STREET ADDRESS <b>350 N.W. 12th Avenue</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33406</b>		2.4 CITY-ST-ZIP <b>Deerfield Beach, FL 33442</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PALENZUELA, ROBERTO L</b>		3.2 NAME	
STREET ADDRESS <b>1601 BELVEDERE RD, STE 500 E</b>		3.3 STREET ADDRESS <b>350 N.W. 12th Avenue</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33406</b>		3.4 CITY-ST-ZIP <b>Deerfield Beach, FL 33442</b>	
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  **Roberto L. Palenzuela** 02/05/98 (954) 425-4300  
Secretary/Director

CR2E034 (10/97)