PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000059435

SOVEREIGN MEDICAL ACQUISITION CORP.

Principal Place of Business

Mailing Address

FILED Aug 13, 1999 8:00 am Secretary of State

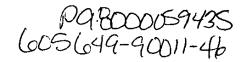
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201 S. BISCAYNE BLVD. #3000 201 S. BISCAYNE BLVD. #3000 MIAMI FL 33131 MIAMI FL 33131						
		MII (14) 1 2 00 10 1			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					07/06/1998	
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
2. Principal Place of Business 21 1001 Brickell Bay Drive 28 8000 Towers Cres				at Di	Not Applicable	
1,1-0, 0,1,0,1,1						
27 Suite 1070					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State . City & State					6. Election Campaign Financing \$5.00 May Be	
23 Miay	W, FL	28 Vienna, VA			Trust Fund Contribution Added to Fees	
Zy 3313	Country	Zip	Country	· A	8. This corporation owes the current year	
24 3310	25 USA	29 2482 30	\cup	SA	Intangible Personal Property. Yes X No	
	9. Name and Address of Current i	Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
	SH, ANDREW		-	Otro4	(DO D. N	
1200 BRICKELL AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)		
SUIT	E 1900		83			
MIAN	AI FL 33131					
			84	City	85 Zip Code	
	· · · · · · · · · · · · · · · · · · ·				FL FL FL FL FL FL FL FL	
11. Pursuan	t to the provisions of sections 607.0502 a	and 607.1508, Florida Statutes, th	e above-	named o	orporation 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	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered A	gent signatu	e required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		C = 2 m docto cours =	
NAME	BURLESON, GENE E	_	1.2 NAME		Change L. Addition Addition	
STREET ADDRESS	201 S. BISCAYNE BLVD. #3000	1	1.3 STREET	ADDRESS	320 Argoine Drive, NW	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST	-7IP	Atlanta, GA 30305	
TITLE	D		2.1 TITLE		D/T Addition	
NAME <	HAFT, JAY M	- DEECH	2.2 NAME			
	201 S. BISCAYNE BLVD. #3000	E E			Haff, Jay M. 1001 Brickell Bay Drive, 9th Fir.	
STREET ADDRESS		1	2.3 STREET		Miami, FL 33131	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST			
TITLE	D	DELETE	3.1 TITLE		Abeles, John H.M.D. Addition Addition 3365 NW 41st Street	
NAME	ABELES, JOHN H M.D.	•	3.2 NAME		Abeles John Street	
STREET ADDRESS	201 S. BISCAYNE BLVD. #3000		3.3 STREET	ADDRESS	9365 M 4151 Shart	
CITY-ST-ZiP	MIAMEFL 33131		3.4 CITY-ST	-ZIP	Boca Raton, FL 33431	
TITLE	9	DELETE	4.1 TITLE		D. Change Addition	
NAME	}		4.2 NAME		Operation Description 1994	
STREET ADDRESS		<u></u>	4.3 STREET	ADDRESS	2200 S. Ocean Drive, # 1905	
CITY-ST-ZIP			4.4 CITY-ST		Ft. Lauderdale, FL 33316	
TITLE			5.1 TITLE		7)	
					2 1 - 300	
NAME			5.2 NAME		Ranter, such S. soute 1070 good Towers Crescent Dr., Suite 1070	
STREET ADDRESS			5.3 STREET	ADDRESS	Vienna, VA 22182.	
CITY ST-ZIP	J. 1. 3. 1.		5.4 CITY-ST	-ZIP		
TITLE .					· · · · · · · · · · · · · · · · · · ·	
NAME	1	DELETE	B.1 TITLE	i	Change 44 Addition	
TW TIVING			6.1 TITLE 6.2 NAME	i	D. Franke, Thomas F. Addition	
STREET ADDRESS		occere		ADDRESS	Franke, Thomas Enange & Addition 410 N. Eagle Street	
			5.2 NAME	ADDRESS -ZIP	410 N. Eagle Street Marshall, MI 49068	

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 if shanged, or one attachment with an address.

SIGNATURE:



Sovereign Medical Acquisition Corp. Document #P98000059435

Continuation of Block 13.

Addition

1.1 Title D

1.2 Name Hamilton, Linda A.

1.3 Street Address 8889 Pelican Bay Boulevard, Suite 403

1.4 City-St-Zip Naples, FL 34108

Addition

-1.1 Title D/P

1.2 NameParker, Robert L.1.3 Street Address4000 Patty Lane1.4 City-St-ZipBethany, OK 73008