

09031999-90005-003-\$150.00-\$150.00

Amount Due On or Before 09/15/99: \$500 (If Dissolved, Minimum Amount Due to Reinstate: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000060421 1. Corporation Name PROFESSIONAL HEALTH SYSTEMS, INC.			
Principal Place of Business 5786 S.W. 8TH STREET MIAMI FL 33144		Mailing Address 5786 S.W. 8TH STREET MIAMI FL 33144	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -4 PM 12:50



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5786 SW 8 ST.		2a. Mailing Address 26 5786 SW 8 ST.		3. Date Incorporated or Qualified 07/08/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0849672	
City & State 23 MIAMI, FL		City & State 27 MIAMI, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33144		Zip 28 33144		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 29 USA		7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GARCIA, RAUL E ESQ. 9200 S. DADELAND BLVD. SUITE 311 MIAMI FL 33156				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of sections 607.0602 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.				12. Name 13. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. Zip Code	

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA PEDRAJA, OSVALDO D	1.2 NAME	
STREET ADDRESS	5786 S.W. 8TH STREET	1.3 STREET ADDRESS	5786 SW 8 ST
CITY-STATE-ZIP	MIAMI FL 33144	1.4 CITY-STATE-ZIP	MIAMI, FL 33144
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-STATE-ZIP		2.4 CITY-STATE-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-STATE-ZIP		3.4 CITY-STATE-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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

OSVALDO D LA PEDRAJA, JR

Date

Daytime Phone #

9/1/99 (305) 262-1238

CR2E034 (5/99)

PROFESSIONAL HEALTH SYSTI
5786 S.W. 8 STREET
MIAMI, FLORIDA 33144
TEL. (305) 262-1338

September 1, 1999

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Professional Health Systems, Inc.
Document No. P98000060421
Annual Report

Dear Sirs:

Enclosed is the Annual report for the corporation referred to above and a check in the amount of \$150.00 for the filing fee.

The annual report apparently was sent to the wrong address at 5788 S.W. 8 St., Miami, FL. and was never received by the company.

This letter is to request an abatement of the penalty for filing late on the basis that the report was sent to the wrong address.

If this is not acceptable, kindly notify the undersigned at the address on this letterhead.

Sincerely,



Raul D. Cabrera
Director of Operations