

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90108 041 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000066554**

1. Corporation Name  
**HIALEAH I MEDICAL EQUITY CORPORATION**



Principal Place of Business  
 222 Lakeview Avenue  
 17<sup>th</sup> Floor  
 West Palm Beach, FL  
 33401

Mailing Address  
 222 Lakeview Ave.  
 17<sup>th</sup> Floor  
 West Palm Beach, FL  
 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**07/28/1998**

4. FEI Number  
**65-0853323**

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

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

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

9. Name and Address of Current Registered Agent  
**JURAN, LAWRENCE B**  
**3801 PGA BOULEVARD SUITE 1000**  
**PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent  
 81 Name **Regserv Corp.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**222 Lakeview Ave.**  
 83 **17<sup>th</sup> Floor**  
 84 City **West Palm Beach FL** 85 Zip Code **33401**

11. Pursuant to the authority vested in me as Secretary of State, I hereby certify that the above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.  
 SIGNATURE: **Regserv Corp.**  
 By: *[Signature]*

above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.  
**Mark Nussbaum** Vice President April 27, 1999  
 Agent signature required when reinstating DATE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RENDINA, BRUCE A</b>
STREET ADDRESS	<b>3801 PGA BOULEVARD SUITE 1000</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Bruce A. Rendina</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>222 Lakeview Ave., 17<sup>th</sup> Floor</b>
1.3 STREET ADDRESS	<b>West Palm Beach, FL 33401</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Patrick J. DiSalvo</b>
2.3 STREET ADDRESS	<b>222 Lakeview Ave., 17<sup>th</sup> Floor</b>
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with **Patrick J. DiSalvo** other like empowered.

SIGNATURE: *[Signature]* **Patrick J. DiSalvo** Vice President  
 April 27, 1999 (561) 655-9008  
 Date Daytime Phone #

CR2E034 (11/98)