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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90120 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000081041

1. Corporation Name
UNLIMITED PHYSICIANS GROUP INC.



Principal Place of Business 8000 W. FLAGLER STREET SUITE 3-A MIAMI FL 33144	Mailing Address 8000 W. FLAGLER STREET SUITE 3-A MIAMI FL 33144
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/18/1998

2. Principal Place of Business 21 8080 W. Flagler st Suite, Apt. #, etc. 22 Suite 3-A City & State 23 Miami FL Zip 24 33144 25 Dade	2a. Mailing Address 26 8080 W. Flagler st. Suite, Apt. #, etc. 27 Suite 3-A City & State 28 Miami FL Zip 29 33144 30 Dade
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4. FEI Number 65-0864685	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

FRANCO, CRISTINA A
8000 W. FLAGLER STREET
SUITE 3-A
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name Cristina A. Franco
82 Street Address (P.O. Box Number is Not Acceptable) 8080 W. Flagler street
83 Suite 3-A
84 City Miami
85 State FL
86 Zip Code 33144

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME FRANCO, CRISTINA A	
STREET ADDRESS 8000 W. FLAGLER STREET, SUITE 3-A	
CITY-ST-ZIP MIAMI FL 33144	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Cristina Franco	
1.3 STREET ADDRESS 8080 W. Flagler Street, 3A	
1.4 CITY-ST-ZIP Miami, FL 33144	

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 all other like empowered.

SIGNATURE: **Cristina A. Franco** 1-9-99 (305) 200-9144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (1/198)