

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S40227 (8)			
1. Corporation Name PRIME HEALTH CORPORATION			
Principal Place of Business 8845 SCHOOL HOUSE ROAD MIAMI FL 33156 US		Mailing Address 8845 SCHOOL HOUSE ROAD MIAMI FL 33156-2201 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZISKIND, J.A. ZISKIND & ASSOCIATES 444 BRICKELL AVENUE SUITE 612 MIAMI FL 33131		81 Name Ziskind & Arvin, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 444 Brickell Avenue 83 Suite 905 84 City Miami 85 Zip Code FL 33131	
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	
<i>[Signature]</i>		4/22/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P ZISKIND, J.A. 444 BRICKELL AVENUE #812 MIAMI FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
DST ZISKIND, VERONICA 8845 SCHOOL HOUSE ROAD MIAMI FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 or on an attachment with an address.			
SIGNATURE:		Date	
<i>[Signature]</i>		4/22/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Typed Name	
		(308) 577-4888	



CR2E034 (9/96)