

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

FILED

May 16 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 # **S49176** (8)

1. Corporation Name
CAREMED MEDICAL MANAGEMENT, INC.



Principal Place of Business
**P.O. BOX 141966
CORAL GABLES FL 33114-1966
US**

Mailing Address
**P.O. BOX 141966
CORAL GABLES FL 33114-1966
US**

3. Date Incorporated or Qualified
05/01/1991

3a. Date of Last Report
04/18/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 8325 NW 53 Street	26 P.O. Box 141966	65-0266784	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 Suite #100	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23 Miami, FL	28 Coral Gables, FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Zip		
24 33166	29 33114		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

**MARTINEZ, OSVALDO
7950 NW 53 ST
S210
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name
Marielena Diaz

82 Street Address (P.O. Box Number is Not Acceptable)
8325 NW 53 Street

83
Suite #100

84 City
Miami, FL

85 Zip Code
33166

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

Marielena Diaz
Signature, typed or printed name of registered agent and title if applicable

Marielena Diaz, Comptroller

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ, OSVALDO	
STREET ADDRESS	7950 NW 53 ST S210	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSVALDO MARTINEZ, PRESIDENT

1/24/97

Date

(305) 592-5583

Daytime Phone #

CR2E034 (9/96)