


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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S49176** (8)

1. Corporation Name
CAREMED MEDICAL MANAGEMENT, INC.

Principal Place of Business 8325 NW 53RD ST SUITE 100 MIAMI FL 33166 US	Mailing Address P.O. BOX 141966 CORAL GABLES FL 33144-1966 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8125 NW 53 Street Suite, Apt. #, etc. 22 Suite #116 City & State 23 Miami, FL Zip 24 33166		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33114-1966 Country 30 USA		3. Date Incorporated or Qualified 05/01/1991	
		4. FEI Number 65-0266784		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAZ, MARIALENA
8325 NW 53RD ST
SUITE 100
MIAMI FL 33166**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8125 NW 53 Street
83 Suite #116
84 City Miami
85 Zip Code FL 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

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, OSVALDO		1.2 NAME
STREET ADDRESS 7950 NW 53 ST S210		1.3 STREET ADDRESS 8125 NW 53 Street, Suite #116
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, FL 33166
TITLE <input type="checkbox"/> DELETE		2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Pablo Cajás
STREET ADDRESS		2.3 STREET ADDRESS 420 Lincoln Road, Suite #432
CITY-ST-ZIP		2.4 CITY-ST-ZIP Miami Beach, FL 33139
TITLE <input type="checkbox"/> DELETE		3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Julie Neitzel
STREET ADDRESS		3.3 STREET ADDRESS 420 Lincoln Road, Suite #432
CITY-ST-ZIP		3.4 CITY-ST-ZIP Miami Beach, FL 33139
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-ST-ZIP		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		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.

SIGNATURE:

OSVALDO MARTINEZ, PRESIDENT

2/25/98

CR2E034 (10/97)