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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S63577** (8)

1. Corporation Name
FAMILY FIRST MEDICAL CENTERS, INC.



Principal Place of Business 6855 SOUTH RED ROAD, SUITE 500 CORAL GABLES FL 33143-3632 US	Mailing Address ATTN: ACCOUNTS PAYABLE P.O. BOX 149079 CORAL GABLES FL 33114
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3. Date Incorporated or Qualified 06/27/1991	3a. Date of Last Report 06/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0266732	Applied For <input type="checkbox"/> Not Applicable
g. Name and Address of Current Registered Agent WATKIN, NANCY K %FPA MEDICAL MANAGEMENT, INC. 6855 SOUTH RED ROAD, SUITE 500 CORAL GABLES FL 33143-3632		10. Name and Address of New Registered Agent	

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	KARDATZKE, STANLEY MD <input checked="" type="checkbox"/> DELETE	1.1 TITLE President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME Seith M. Flam, D.O.	
STREET ADDRESS		1.3 STREET ADDRESS 3636 Nobel Dr., Suite 200	
CITY-ST-ZIP		1.4 CITY-ST-ZIP San Diego, CA 92122	
TITLE D	JOHNSON, GLEN MD <input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/CO-Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME Steven M. Lash	
STREET ADDRESS		2.3 STREET ADDRESS 3636 Nobel Dr., Suite 200	
CITY-ST-ZIP		2.4 CITY-ST-ZIP San Diego, CA 92122	
TITLE D	DONNELLY, CLIFFORD W <input checked="" type="checkbox"/> DELETE	3.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME Sol Lizerbram, D.O.	
STREET ADDRESS		3.3 STREET ADDRESS 3636 Nobel Dr., Suite 200	
CITY-ST-ZIP		3.4 CITY-ST-ZIP San Diego, CA 92122	
TITLE AS	MENENDEZ, JOSE <input checked="" type="checkbox"/> DELETE	4.1 TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME Cheryl A. Moore	
STREET ADDRESS		4.3 STREET ADDRESS 3636 Nobel Dr., Suite 200	
CITY-ST-ZIP		4.4 CITY-ST-ZIP San Diego, CA 92122	
TITLE P	MOURANI, ELIAS M.D. <input checked="" type="checkbox"/> DELETE	5.1 TITLE SVP/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME James A. Lebovitz	
STREET ADDRESS		5.3 STREET ADDRESS 3636 Nobel Dr., Suite 200	
CITY-ST-ZIP		5.4 CITY-ST-ZIP San Diego, CA 92122	
TITLE S	HAGEMAN, JOHN <input checked="" type="checkbox"/> DELETE	6.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME Brian K. Barnard	
STREET ADDRESS		6.3 STREET ADDRESS 6855 South Red Road, Suite 500	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Coral Gables, FL 33143	

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: James A. Lebovitz 4/7/97 (619) 824-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #