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

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1998 8:00am
Secretary of State

DOCUMENT # **V36385** **(5)**

1. Corporate Name
FLAGLER MEDICAL MANAGEMENT, INC.

Principal Place of Business
ATTN JOHN KIRBY
2500 SW 75TH AVE
MIAMI FL 33155-2805
US

Mailing Address
ATTN JOHN KIRBY
2500 SW 75TH AVE
MIAMI FL 33155
US

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1992

4. FEI Number
65-0336796
Applied For [ ] Not Applicable [ ]

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 [✓] Yes [ ] No

9. Name and Address of Current Registered Agent
KIRBY, JOHN
2500 SW 75TH AVE
1140 KANE CONCOURSE
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DIR [ ] OFF
NAME	URLICH, SYLVIA	
STREET ADDRESS	2500 S.W. 75 AVE	
CITY, ST, ZIP	MIAMI FL	
TITLE	ST	[ ] DIR [ ] OFF
NAME	KIRBY, JOHN	
STREET ADDRESS	2500 SW 75TH AVE	
CITY, ST, ZIP	MIAMI FL	
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is 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 above, or I have attached the required information.

SIGNATURE: SYLVIA URLICH, PRES. 4/29/98 (305) 264-5202

CR2E032 (1/96)