

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 APR 21 PM 2:33

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V41062 (3)**

1. Corporation Name  
**STERLING HEALTHCARE GROUP, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**7700 W CAMINO REAL  
3222  
BOCA RATON FL 33431  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/04/1992** 3a. Date of Last Report **02/28/1994**

2. Principal Place of Business 2a. Mailing Address  
**21 6855 SOUTH RED ROAD 26 6855 SOUTH RED ROAD**

4. FEI Number **65-0337205** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 400 27 400**

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

City & State City & State  
**23 CORAL GABLES FL 28 CORAL GABLES FL**

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

Zip Country Zip Country  
**24 33143 25 USA 29 33143 30 USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CEOC</b>
NAME	<b>FROST, RICHARD B</b>
STREET ADDRESS	<b>7700 W CAMINO REAL, 3222</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>PD</b>
NAME	<b>HANNA, MARK</b>
STREET ADDRESS	<b>7700 W CAMINO REAL, 3222</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>VPSD</b>
NAME	<b>HALPRYN, GLENN L</b>
STREET ADDRESS	<b>1428 BRICKELL AVE #105</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>ROSENBERG, MARSHAL E</b>
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD, 3314</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>

1. TITLE	<b>P/D/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>Stephen J. Dresnick, M.D., FACEP</b>
3. STREET ADDRESS	<b>4700 Davis Road</b>
4. CITY - ST - ZIP	<b>Coral Gables FL 33143</b>
2. TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>Stephen D. Lorenz</b>
2.3 STREET ADDRESS	<b>528 Riverside Drive</b>
2.4 CITY - ST - ZIP	<b>Rosford OH 43460</b>
3. TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Susan F. Dill</b>
3.3 STREET ADDRESS	<b>4851 NW 99th Court</b>
3.4 CITY - ST - ZIP	<b>Miami FL 33178</b>
4. TITLE	<b>V/T/CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Jack S. Greenman, CPA</b>
4.3 STREET ADDRESS	<b>21171 NE 21 Place</b>
4.4 CITY - ST - ZIP	<b>North Miami Beach FL 33179</b>
5. TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Diane Horner, Ph.D.</b>
5.3 STREET ADDRESS	<b>Univ of Miami, P O Box 248153</b>
5.4 CITY - ST - ZIP	<b>Coral Gables FL 33124-3850</b>
6. TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Paul Auerbach MD</b>
6.3 STREET ADDRESS	<b>6855 South Red Road, Suite 400</b>
6.4 CITY - ST - ZIP	<b>Coral Gables FL 33143-3632</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Susan F. Dill* **04-17-95** **(305) 665-1911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SUSAN F. DILL, Sr Vice President**

V41062

**ATTACHMENT TO 1995 CORPORATE ANNUAL REPORT  
STERLING HEALTHCARE GROUP, INC.,  
a Florida corporation  
(Document No. V41062)**

---

Continuation of Section 13 - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE:	D Herbert Wertheim, O.D. Brain Power, Inc. 4470 SW 74 Avenue Miami FL 33155	ADDITION
--------	---	----------