

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V41062** (3)

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



Principal Place of Business: 6855 SOUTH RED ROAD SUITE#400 CORAL GABLES FL 33143 US  
Mailing Address: 6855 SOUTH RED ROAD SUITE#400 CORAL GABLES FL 33143 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields for address details.

3. Date Incorporated or Qualified: 06/04/1992  
3a. Date of Last Report: 04/21/1995  
4. FEI Number: 65-0337205  
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85) fields for name, address, city, and 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] (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESNICK M.D., FACEP S J.	1.2 NAME	
STREET ADDRESS	4700 DAVIS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZ, STEPHEN D	2.2 NAME	
STREET ADDRESS	528 RIVERSIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSSFORD OH	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILL, SUSAN F	3.2 NAME	
STREET ADDRESS	4851 N.W. 99TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VTCO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENMAN CPA., JACK S	4.2 NAME	
STREET ADDRESS	21171 N.E. 21ST PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER PH. D., DIANE	5.2 NAME	
STREET ADDRESS	UNIV. OF MIAMI, P.O. BOX 248153	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUERBACH MD., PAUL	6.2 NAME	
STREET ADDRESS	6855 SOUTH RED ROAD, SUITE3400	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: [Signature] Jack S. Greenman 3/12/96 (305) 665-1911  
D.O. (305) 665-1911  
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)