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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
6855 SOUTH RED ROAD SUITE#400 CORAL GABLES FL 33143 US

3. Date Incorporated or Qualified **06/04/1992** 3a. Date of Last Report **03/22/1996**
4. FEI Number **65-0337205** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	DRESNICK M.D., FACEP S J.	
STREET ADDRESS	4700 DAVIS ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LORENZ, STEPHEN D	
STREET ADDRESS	528 RIVERSIDE DRIVE	
CITY-ST-ZIP	ROSSFORD OH	
TITLE	VT00	<input type="checkbox"/> DELETE
NAME	GREENMAN CPA., JACK S	
STREET ADDRESS	21171 N.E. 21ST PLACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HORNER PH. D., DIANE	
STREET ADDRESS	UNIV. OF MIAMI, P.O. BOX 248153	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AUERBACH MD., PAUL	
STREET ADDRESS	6855 SOUTH RED ROAD, SUITE 3400	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DRESNICK, STEPHEN J., M.D., FACEP	
1.3 STREET ADDRESS	6855 S. RED ROAD, STE 400	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33143	
2.1 TITLE	VP AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LASH, STEVEN	
2.3 STREET ADDRESS	2626 NOBEL DR., STE 200	
2.4 CITY-ST-ZIP	SAN DIEGO, CA 92122	
3.1 TITLE	SVP, CFO, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GREENMAN, JACK S.	
3.3 STREET ADDRESS	6855 S. RED ROAD, STE 400	
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33143	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WATKIN, NANCY K.	
4.3 STREET ADDRESS	6855 S. RED ROAD, STE 400	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33143	
5.1 TITLE	VPIATIAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MOORE, CHERYL	
5.3 STREET ADDRESS	2626 NOBEL DR., STE 200	
5.4 CITY-ST-ZIP	SAN DIEGO, CA 92122	
6.1 TITLE	VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LEBOVITZ, JAMES	
6.3 STREET ADDRESS	2626 NOBEL DR., STE 200	
6.4 CITY-ST-ZIP	SAN DIEGO, CA 92122	

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: *Stephen J. Dresnick* **REQUIRED** 2/24/97 3056657111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)