

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

FILED

Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5835 BLUE LAGOON DR. Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip Country 24 33126 25 US		2a. Mailing Address 26 5835 BLUE LAGOON DR. Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip Country 29 33126 30 US		3. Date Incorporated or Qualified 06/04/1992	
		4. FEI Number 65-0337205		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPC	<input type="checkbox"/> DELETE	1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRESNICK M.D., FACEP S.J.		1.2 NAME				
STREET ADDRESS	6855 S RED RD, STE 400		1.3 STREET ADDRESS	5835 BLUE LAGOON DR.			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	MIAMI, FL 33126			
TITLE	VPAT	<input type="checkbox"/> DELETE	2.1 TITLE	D, V, AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LASH, STEVEN		2.2 NAME				
STREET ADDRESS	3636 NOBEL DR, STE 200		2.3 STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO CA		2.4 CITY-ST-ZIP				
TITLE	VCFO	<input type="checkbox"/> DELETE	3.1 TITLE	V, CFO, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENMAN CPA., JACK S		3.2 NAME				
STREET ADDRESS	6855 S RED RD, STE 400		3.3 STREET ADDRESS	5835 BLUE LAGOON DR			
CITY-ST-ZIP	NORTH MIAMI BEACH FL		3.4 CITY-ST-ZIP	MIAMI, FL 33126			
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WATKIN, NANCY K.		4.2 NAME				
STREET ADDRESS	6855 S RED RD, STE 200		4.3 STREET ADDRESS	5835 BLUE LAGOON DR			
CITY-ST-ZIP	SAN DIEGO CA		4.4 CITY-ST-ZIP	MIAMI, FL 33126			
TITLE	VAST	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOORE, CHERYL		5.2 NAME	FLAM, SETH M.			
STREET ADDRESS	3636 NOBEL DR, STE 200		5.3 STREET ADDRESS	3636 NOBEL DRIVE			
CITY-ST-ZIP	SAN DIEGO CA		5.4 CITY-ST-ZIP	SAN DIEGO, CA 92122			
TITLE	VPAS	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEBOVITZ, JAMES		6.2 NAME				
STREET ADDRESS	3636 NOBEL DR, STE 200		6.3 STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO CA		6.4 CITY-ST-ZIP	SAN DIEGO, CA 92122			

14. I 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 **S. J. Dresnick** Date **1-19-98** 205/422-1872

CR2E034 (10/97)