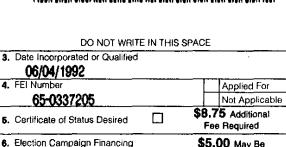
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V41062 (3)STERLING HEALTHCARE GROUP, INC. Principal Place of Business Mailing Address 6855 SOUTH RED ROAD 6855 SOUTH RED ROAD SUITE#400 SUITE#400 **CORAL GABLES FL 33143 CORAL GABLES FL 33143** 06/04/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 5835 BLUE LABOON DE 5835 BLUE LAGOON DE 65-0337205 Suite, Apt. #, etc. 22 27 City & State City & State 6. Election Campaign Financing キム miami miam 1 23 28 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible US 33126 33126 US 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name C/O CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 83 **PLANTATION FL 33324**

FILED Mar 31 1998 8:00am Secretary of State



Yes Yes

Added to Fees

85 Zip Code

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 pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPC Change DELETE Addition 1.1 TITLE TITLE DRESNICK M.D., FACEP S J. NAME 1.2 NAME 5135 BLUE LASOON DR. 0855 9 RED RD, STE 400-STREET ADDRESS CORAL GABLES FL-MIAMI, FC 33126 1.4 CITY-ST-ZIP CITY-ST-ZIP VPAT DELETE Change Addition TITLE 2.1 TITLE D, V;AT LASH, STEVEN 22 NAME NAME 3636 NOBEL DR, STE 200 STREET ADDRESS 2.3 STREET ADDRESS SAN DIEGO CA CITY-ST-ZIP 2.4 CITY-ST-ZIP Change VCFO DELETE V, CFO, T Addition 3.1 TITLE TITLE GREENMAN CPA., JACK S 3.2 NAME NAME 5835 BLUE LAGOON DR 3.3 STREET ADDRESS 6855 S RED RD, STE 400. STREET ADDRESS MIAMI, FC 33126 NORTH MIAMI-BEACH-FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME WATKIN, NANCY K. 4. 2 NAME 5885 BLUE LAGOON DR 4855 S RED RD. STE 200 STREET ADDRESS 4.3 STREET ADDRESS miam L -SAN DIEGO CA--CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change X Addition VAST 51 TITLE TITLE MOORE, CHERYL FLAM, SETH M. B636 NOBEL DEIVE 5.2 NAME NAME 3636 NOBEL DR, STE 200 5.3 STREET ADDRESS STREET ADDRESS SAN DIEGO CA SAN DIEGO, CA 92127 5.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition VPAS 6.1 TITLE TITLE LEBOVITZ, JAMES NAME 6.2 NAME 3636 NOBEL DR. STE 200 6.3 STREET ADDRESS STREET ADDRESS

84 City

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

14. Thereby 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 attriument with an address.

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