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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

3. Date Incorporated or Qualified
06/04/1992

2. Principal Place of Business 21 5835 BLUE LAGOON DR. Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33126	2a. Mailing Address 26 5835 BLUE LAGOON DR. Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33126	Country 25 US 30 US
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4. FEI Number 65-0337205	Applied For <input type="checkbox"/> 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	85 Zip Code
			FL	

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

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	DRESNICK M.D., FACEP S J.	
STREET ADDRESS	6855 S RED RD, STE 400	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPAT	<input type="checkbox"/> DELETE
NAME	LASH, STEVEN	
STREET ADDRESS	3636 NOBEL DR, STE 200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	GREENMAN CPA., JACK S	
STREET ADDRESS	6855 S RED RD, STE 400	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATKIN, NANCY K.	
STREET ADDRESS	6855 S RED RD, STE 200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VAST	<input type="checkbox"/> DELETE
NAME	MOORE, CHERYL	
STREET ADDRESS	3636 NOBEL DR, STE 200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	LEBOVITZ, JAMES	
STREET ADDRESS	3636 NOBEL DR, STE 200	
CITY-ST-ZIP	SAN DIEGO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5835 BLUE LAGOON DR.	
1.4 CITY-ST-ZIP	MIAMI, FL 33126	
2.1 TITLE	D, V, AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V, CFO, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	5835 BLUE LAGOON DR	
3.4 CITY-ST-ZIP	MIAMI, FL 33126	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	5835 BLUE LAGOON DR	
4.4 CITY-ST-ZIP	MIAMI, FL 33126	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FLAM, SETH M.	
5.3 STREET ADDRESS	2636 NOBEL DRIVE	
5.4 CITY-ST-ZIP	SAN DIEGO, CA 92122	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 _____ DATE **1-19-98** 205/477-1877

CR2E034 (10/97)