

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

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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90080 041 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V41062**

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



Principal Place of Business  
 5835 BLUE LAGOON DR  
 SUITE#400  
 MIAMI FL 33126  
 US

Mailing Address  
 5835 BLUE LAGOON DR  
 SUITE#400  
 MIAMI FL 33126  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**06/04/1992**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	DRESNICK M.D., FACEP S J.	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DVAT	<input checked="" type="checkbox"/> DELETE
NAME	LASH, STEVEN	
STREET ADDRESS	3636 NOBEL DR, STE 200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	GREENMAN CPA., JACK S	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATKIN, NANCY K.	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLAM, SETH M	
STREET ADDRESS	3636 NOBEL DR	
CITY-ST-ZIP	SAN DIEGO CA 92122	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEBOVITZ, JAMES	
STREET ADDRESS	3636 NOBEL DR, STE 200	
CITY-ST-ZIP	SAN DIEGO CA 92122	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D/V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	12526 HIGH BLUFF DR., SUITE 3	
6.4 CITY-ST-ZIP	SAN DIEGO, CA 92130	

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, with all other like empowered.

SIGNATURE: JACK S. GREENMAN DATE: 2/18/99 DAYTIME PHONE #: (305) 477-1877

CR2E034 (11/98)