

# L 60011

## HOLLAND & KNIGHT

21 MANATEE AVENUE WEST  
P. O. Box 241  
ADENTON, FLORIDA 34208  
(813) 747-5550  
FAX (813) 748-5945

800 INDEPENDENT SQUARE  
P. O. Box 52667  
KESONVILLE, FLORIDA 32201  
(904) 353-2000  
FAX (904) 355-1872

400 NORTH ASHLEY  
P. O. Box 1288  
TAMPA, FLORIDA 33601  
(813) 227-8500  
FAX (813) 229-0134

92 LAKE WIRE DRIVE  
P. O. Box 32092  
LAKELAND, FLORIDA 33802  
(813) 582-1161  
FAX (813) 686-1166

CABLE ADDRESS  
HGK MIA  
TELEX 82-2233 MIAMI

1200 BRICKELL AVENUE  
P. O. Box 015441  
MIAMI, FLORIDA 33101  
(305) 374-8500  
FAX (305) 374-1164

PLEASE REPLY TO:

Miami  
March 23, 1990

300 NORTH MAGNOLIA AVENUE  
P. O. Box 1526  
ORLANDO, FLORIDA 32808  
(407) 425-8500  
FAX (407) 423-3397

ONE EAST BROWARD BLVD.  
P. O. Box 14070  
FORT LAUDERDALE, FLORIDA 33302  
(305) 525-1000  
FAX (305) 463-2030

BARNETT BANK BLDG.  
P. O. DRAWER 610  
TALLAHASSEE, FLORIDA 32302  
(904) 224-7000  
FAX (904) 224-8832

888 SEVENTEENTH STREET, N.W.  
SUITE 900  
WASHINGTON, D.C. 20006  
(202) 955-5550  
FAX (202) 955-5564

Secretary of State  
Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

REGISTRATION FEE \$20.00  
REGISTERED AGENT FILING FEE \$20.00  
CERTIFIED COPY \$30.00  
TOTAL \$70.00

Re: MPS Services, Inc. and CAMA, Inc.  
Articles of Incorporation

Gentlemen:

Enclosed for filing with your offices are Articles of Incorporation, in duplicate, as prepared for the two above-referenced Corporations. Also enclosed is our check in the amount of One Hundred and Forty Dollars (\$140.00) in payment of the following fees for both corporations:

Filing Fee	\$ 20.00
Certified Copy	30.00
Registered Agent Filing Fee	20.00

Sub Total	\$ 70.00
Total	\$140.00

300239853253

Please forward the certified copies to the attention of the undersigned. Thank you for your cooperation with this matter.

DATE	3-26-90
BY	PO2/A

Sincerely,  
HOLLAND & KNIGHT  
*Jan E. Blanck*  
Jan E. Blanck  
Lawyer's Assistant to  
A. Jeffrey Robinson

JEB/co  
Enclosures  
cc: A. Jeffrey Robinson, Esquire

L 60011  
EFFECTIVE DATE  
3-21-90

File  
3-26-90  
Exp  
-00

EFFECTIVE DATE

3-21-90

ARTICLES OF INCORPORATION  
OF  
MPS SERVICES, INC.

FILED  
RECORDED PM 11:10  
MARCH 21 1990

The undersigned, acting as incorporator of MPS SERVICES, INC. under the Florida General Corporation Act, adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of the corporation is MPS SERVICES, INC..

ARTICLE II. COMMENCEMENT OF EXISTENCE

The existence of the corporation will commence on the date of subscription and acknowledgment of these Articles of Incorporation.

ARTICLE III. PURPOSE

This corporation may engage in any activity or business permitted under the laws of the United States and Florida.

ARTICLE IV. AUTHORIZED SHARES

The maximum number of shares that the corporation is authorized to have outstanding at any time is 10,000 shares of common stock having a par value of \$1.00 per share. The consideration to be paid for each share shall be fixed by the board of directors and may be paid in whole or in part in cash or

other property, tangible or intangible, or in labor or services actually performed for the corporation, with a value, in the judgment of the directors, equivalent to or greater than the full par value of the shares.

**ARTICLE V. INITIAL REGISTERED OFFICER AND AGENT**

The street address of the initial registered office of the corporation is 1916 South Central Avenue, Lakeland, Florida 33803, and the name of the corporation's initial registered agent at that address is Intrastate Registered Agent Corporation.

**ARTICLE VI. INITIAL BOARD OF DIRECTORS**

The corporation shall have one director initially. The number of directors may be either increased or diminished from time to time, as provided in the bylaws, but shall never be less than one. The name and street address of the initial director are:

<u>Name</u>	<u>Address</u>
Dale S. Bergman	c/o Holland & Knight 1200 Brickell Avenue Miami, Florida 33131

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator are:

<u>Name</u>	<u>Address</u>
A. Jeffry Robinson	c/o Holland & Knight 1200 Brickell Avenue Miami, Florida 33131

The incorporator of the corporation assigns to this corporation his rights under Section 607.161, Florida Statutes, to constitute a corporation, and he assigns to those persons designated by the board of directors any rights he may have as incorporator to acquire any of the capital stock of this corporation, this assignment becoming effective on the date corporate existence begins.

ARTICLE VIII. BYLAWS

The power to adopt, alter, amend, or repeal bylaws shall be vested in the board of directors and the shareholders, except that the board of directors may not amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that the bylaw is not subject to amendment or repeal by the directors.

ARTICLE IX. AMENDMENTS

The corporation reserves the right to amend, alter, change, or repeal any provision in these Articles of Incorporation in the manner prescribed by law, and all rights conferred on shareholders are subject to this reservation. These

Articles may be amended prior to the issuance of shares of the corporation by the unanimous approval or consent of the board of directors. Thereafter, every amendment shall be approved by the board of directors, proposed by them to the shareholders, and approved at a shareholders' meeting by the holders of a majority of the shares entitled to vote on the matter or in such other manner as may be provided by law.

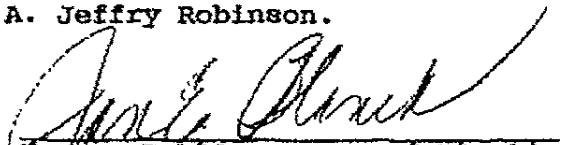
IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 21st day of March, 1990.

  
A. Jeffrey Robinson

STATE OF FLORIDA

COUNTY OF DADE

The foregoing instrument was acknowledged before me  
this 21st day of March, 1990, by A. Jeffrey Robinson.

  
Notary Public, State of Florida  
at Large

My Commission expires:

(Affix notarial seal)

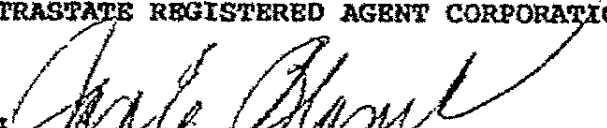
Notary Public, State of Florida  
My Commission Expires Oct. 27, 1991  
Elected to the Florida Notary Public

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as registered agent for MPS  
SERVICES, INC. in the foregoing articles of incorporation, I, on  
behalf of Intrastate Registered Agent Corporation, a Florida  
corporation, hereby agree to accept service of process for said  
Corporation and to comply with any and all Statutes relative to  
the complete and proper performance of the duties of registered  
agent.

**INTRASTATE REGISTERED AGENT CORPORATION**

By:

  
Jan E. Blanck, Assistant Secretary

Charter Number Only

L60011

VALIDATION ONLY

HOLLAND & KNIGHT (BARRY IVEY)

Requestor's Name

315 S. Calhoun St. Suite 600

Address

Tallahassee Florida 32301 224-7000

City State ZIP Phone

CORPORATION(S) NAME

-04/27/90--00106--002  
DOMESTIC AMENDMENTS \$50.00  
CERT/PHOTO COPY ---\*\*\*30.00  
AMENDMENT ---\*\*\*20.00  
TOTAL ---\*\*\*50.00

MPS Services, Inc L60011 Name Change  
CMJ-T, Incorporated L54397

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
1990 APR 27 PM 1:14  
FILED

- Profit
- NonProfit
- Amendment
- Merger
- Foreign
- Dissolution
- Mark
- Limited Partnership
- Annual Report
- Other
- Reinstatement
- Reservation
- Change of Registered Agent
- Certified Copy
- Photo Copies
- Certificate Under Seal
- Call When Ready
- Call If Problem
- After 4:30
- Walk In
- Will Wait
- Pick Up
- Mail Out

Name	4/27/90 ADH
Availability	ADH 15/15
Document Examiner	ADH
Upreti	ADH
Veith	ADH
Asst. Undersecretary	ADH
Secretary	ADH



ARTICLES OF AMENDMENT  
TO THE ARTICLES OF INCORPORATION OF  
MPS SERVICES, INC  
a Florida corporation

FILED  
1990 APR 27 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article I of the Articles of Incorporation of MPS Services, Inc, a Florida corporation, hereinafter referred to as the "Corporation," is amended to read as follows:

ARTICLE I. NAME

The name of the Corporation is CAMA, II, Inc.

The foregoing Amendment to the Articles of Incorporation of the Corporation was duly adopted and approved by means of a written Statement of the Corporation's Incorporator dated April 19, 1990, prior to the issuance of shares, pursuant to Section 607.187(2) of the Florida Statutes.

IN WITNESS WHEREOF, the undersigned Incorporator of the Corporation has executed these Articles of Amendment this 19th day of April, 1990.

MPS SERVICES, INC.  
a Florida corporation

By:   
A. Jeffrey Robinson, Incorporator



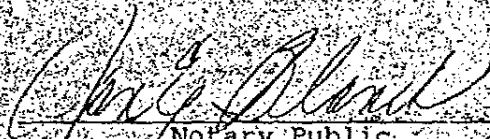
STATE OF FLORIDA )

) ss

COUNTY OF DADE )

BEFORE ME, a Notary Public authorized to administer oaths and take acknowledgments in the State and County set forth above, personally appeared A. Jeffrey Robinson known to me and known by me to be the person who executed the foregoing Amendment to the Articles of Incorporation as Incorporator of MPS Services, Inc, a Florida corporation, and he acknowledged before me that he executed the Articles of Amendment as Incorporator of said Corporation and that the seal affixed to the foregoing Articles of Amendment is the official seal of said Corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid this 19th day of April, 1990.

  
Notary Public  
State of Florida at Large

My Commission Expires:

0000764-163

Notary Public, State of Florida  
My Commission Expires Oct. 27, 1992  
Bonded by Fidelity Insurance Co.

DISSOLVED ON OR AFTER OCTOBER 7, 1992

CORPORATION  
ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FL  
FILED

Read Instructions on Other Side Before Making Entries  
**FILING FEE \$61.25 Make Payable To: Secretary of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # L60011 (8)**  
**AJEN, INC.**  
**3000 ISLAND BLVD APT 3001**  
**NORTH MIAMI BEACH FL 33160-4927**

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. A P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.  
21. Mailing Address  
22. P.O. Box No.  
23. City and State  
24. Zip Code  
3. Date Incorporated or Qualified To Do Business in Florida: **03/21/1990**

3a. Date of Last Report: **09/09/1991**  
3b. FEI Number: **65-0183046**  
4. FEI Number Applied For: **\$8.75 Additional Fee required for a Certificate of Status**  
5. FEI Number Not Applicable:  CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
D	SCHWARTZBARD, CAROL	3000 ISLAND BLVD	N MIAMI BEACH, FL
D	SCHWARTZBARD, MARVIN	3000 ISLAND BLVD	N MIAMI BEACH, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:  
**SCHWARTZBARD, MARVIN**  
**3000 ISLAND BLVD #3001**  
**N MIAMI BEACH, FL 33160**

8. Name and Address of New Registered Agent:

81. Name	
82. Street Address 1 (Do NOT Use P.O. Box Number)	
83. Street Address 2 (Do NOT Use P.O. Box Number)	
84. City	85. Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1504, or Sections 617.0502 and 617.1508, 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.

REGISTERED AGENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Registered Agent Accepting Appointment)

10. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

11. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **9/1/92**

Print/Type Name of Signing Officer or Director: **MARVIN SCHWARTZBARD** Title: **Treas** Daytime Telephone Number: **(305) 364-4252**

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.

**L60011**

**ALL MEDICAL SEARCH, INC.**

**THE ARTICLES OF AMENDMENT FILED ON  
MARCH 15, 1993, ARE MISSING FROM  
MICROFILM.**

**MARGARET V. FREEMAN**

**CERTIFICATION SECTION**

**MARCH 28, 2017**



File Now Filing Fee after May 1 is \$225.00

CORPORATION  
ANNUAL REPORT  
1993



FLORIDA DEPARTMENT OF STATE  
In 1845  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # L60011 (8)**  
**AIJEN, INC.**  
**9000 ISLAND BLVD APT 3001**  
**NORTH MIAMI BEACH FL 33160-4927**  
**ALL MEDICAL SEARCH, INC**  
**(NAME CHANGED 3/15/93)**

3. Date Incorporated or Qualified: **03/21/1990** In. Date of Last Filing: **08/11/1992**

2. FILING FEE: **ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE**  
**\$200.00** MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: **650183046** Applied For:  Not Applicable

21. Mailing Address: **25611 HOLLYWOOD BLVD**  
22. Suite, Apt., #, etc.: **SUITE 10 B**  
23. City & State: **HOLLYWOOD FL**  
24. Zip: **33026** 25. County: **DADE** 26. Principle Place of Business: **BRINARD** 27. State, Apt., #, etc.: **FL** 28. City & State: **FL** 29. Zip: **33026** 30. Country: **USA**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. Nonprofit with (US 601063) Tax Exempt Status:  **\$138.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.031 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**SCHWARTZBARD, MARVIN**  
**3000 ISLAND BLVD #9001**  
**N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent:  
81. Name: **THI**  
82. Street Address (P.O. Box Number is Not Acceptable): **19355 TURNBERRY WAY**  
83. City, State, Zip: **DADE FL 33160**  
84. City: **DADE** 85. Zip Code: **33160** 86. Country: **DADE**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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]* DATE: **3/31/93**

12. OFFICERS AND DIRECTORS:  
1.1 TITLE: **D**  
1.2 NAME: **SCHWARTZBARD, CAROL**  
1.3 ADDRESS: **3000 ISLAND BLVD**  
1.4 CITY, ST, ZIP: **N MIAMI BEACH FL**  
2.1 TITLE: **D**  
2.2 NAME: **SCHWARTZBARD, MARVIN**  
2.3 ADDRESS: **3000 ISLAND BLVD**  
2.4 CITY, ST, ZIP: **N MIAMI BEACH FL**

13. OFFICERS AND DIRECTORS CHANGES:  
3.1 TITLE: **D**  
3.2 NAME: **SCHWARTZBARD, CAROL**  
3.3 ADDRESS: **3000 ISLAND BLVD**  
3.4 CITY, ST, ZIP: **N MIAMI BEACH FL**  
4.1 TITLE: **D**  
4.2 NAME: **SCHWARTZBARD, MARVIN**  
4.3 ADDRESS: **3000 ISLAND BLVD**  
4.4 CITY, ST, ZIP: **N MIAMI BEACH FL**

14. I 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 by me. I am a duly sworn and qualified notary public in the State of Florida. My commission expires on **3/31/93**.  
SIGNATURE: *[Signature]* DATE: **3/31/93**

Print Name of Signing Officer or Director: **MARVIN SCHWARTZBARD** Title: **Treasurer** Daytime Telephone Number: **(305) 564-4202**

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**RECEIVED AND FILED**  
30 MAY 11 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #  
L60011 (8)**

1. Corporation Name  
**ALL MEDICAL SEARCH INC.**

Mailing Address: **2501 HOLLYWOOD BLVD  
STE 100  
HOLLYWOOD FL 33020  
US**  
Principal Place of Business: **2501 HOLLYWOOD BLVD  
STE 100  
HOLLYWOOD FL 33020  
US**

DO NOT WRITE IN THIS SPACE

2. Mailing Address (21-24) / 2a. Principal Place of Business (25-28)

3. Date Incorporated or Created: **03/21/1990**  
3b. Date of Last Report: **06/07/1993**

21. Suite, Apt. #, etc. / 22. City & State / 23. Zip / 24. Country

4. FEL Number: **65-0183046**  
5. Certificate of Status Desired: **\$37.75 Additional Fee Required**  
6. Election Carve-out: **Not Applicable**

25. Suite, Apt. #, etc. / 26. City & State / 27. Zip / 28. Country

7. Nonprofit Exempt from S198.75 Supplemental Fee:   
8. This corporation has liability for intangible tax under S. 198.032 Florida Statutes:  Yes  No

29. Suite, Apt. #, etc. / 30. City & State / 31. Zip / 32. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWARTZBARD, MARVIN  
16055 TURNBERRY WAY  
APT 114  
AVENTURAN FL 32710**

81. Name: **MARVIN SCHWARTZBARD**  
82. Street Address (P.O. Box Number is Not Acceptable): **266 SOUTH PARKWAY**  
83. City: **GOLDEN BEACH** FL 84. Zip Code: **33160**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504 or Sections 617.0502 and 617.1504, 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 or 617.0503, Florida Statutes.

SIGNATURE: **MARVIN SCHWARTZBARD** DATE: **4/12/94**

12. NAME OF OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **D**  
1.2 NAME: **SCHWARTZBARD, CAROL**  
1.3 STREET ADDRESS: **3000 ISLAND BLVD**  
1.4 CITY-ST-ZIP: **N MIAMI BEACH FL**

1.1 TITLE: / 1.2 NAME: / 1.3 STREET ADDRESS: / 1.4 CITY-ST-ZIP:

2.1 TITLE: **D**  
2.2 NAME: **SCHWARTZBARD, MARVIN**  
2.3 STREET ADDRESS: **3000 ISLAND BLVD**  
2.4 CITY-ST-ZIP: **N MIAMI BEACH FL**

2.1 TITLE: / 2.2 NAME: / 2.3 STREET ADDRESS: / 2.4 CITY-ST-ZIP:

3.1 TITLE: / 3.2 NAME: / 3.3 STREET ADDRESS: / 3.4 CITY-ST-ZIP:

3.1 TITLE: / 3.2 NAME: / 3.3 STREET ADDRESS: / 3.4 CITY-ST-ZIP:

4.1 TITLE: / 4.2 NAME: / 4.3 STREET ADDRESS: / 4.4 CITY-ST-ZIP:

4.1 TITLE: / 4.2 NAME: / 4.3 STREET ADDRESS: / 4.4 CITY-ST-ZIP:

5.1 TITLE: / 5.2 NAME: / 5.3 STREET ADDRESS: / 5.4 CITY-ST-ZIP:

5.1 TITLE: / 5.2 NAME: / 5.3 STREET ADDRESS: / 5.4 CITY-ST-ZIP:

6.1 TITLE: / 6.2 NAME: / 6.3 STREET ADDRESS: / 6.4 CITY-ST-ZIP:

6.1 TITLE: / 6.2 NAME: / 6.3 STREET ADDRESS: / 6.4 CITY-ST-ZIP:

7.1 TITLE: / 7.2 NAME: / 7.3 STREET ADDRESS: / 7.4 CITY-ST-ZIP:

7.1 TITLE: / 7.2 NAME: / 7.3 STREET ADDRESS: / 7.4 CITY-ST-ZIP:

8.1 TITLE: / 8.2 NAME: / 8.3 STREET ADDRESS: / 8.4 CITY-ST-ZIP:

8.1 TITLE: / 8.2 NAME: / 8.3 STREET ADDRESS: / 8.4 CITY-ST-ZIP:

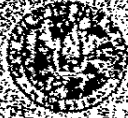
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information furnished is deemed exempt from public access. I further certify that the information included 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 in ink. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Carol Schwartzbard** DATE: **4/12/94** **305-927-2200**



**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



OFFICE OF SECRETARY OF STATE  
STATE OF FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PROVED  
AND  
FILED

65 MAY -1 PM 9:12

DOCUMENT # L60011 (8)

Corporation Name  
**ALL MEDICAL SEARCH, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2501 HOLLYWOOD BLVD 2501 HOLLYWOOD BLVD  
STE 100 STE 100  
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020  
US US

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30	31	32
Principal Place of Business		Mailing Address		FEL Number		Date of Last Report		Date Incorporated or Created		Applied For	
2501 HOLLYWOOD BLVD STE 100 HOLLYWOOD FL 33020 US		2501 HOLLYWOOD BLVD STE 100 HOLLYWOOD FL 33020 US		65-0183046		05/01/1994		03/21/1990		Not Applicable	
City & State		City & State		Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		This corporation has liability for intangible tax under S. 199.032 Florida Statutes		Additional Fee Required	
Hollywood, FL		Hollywood, FL		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75	
Zip		Country		Zip		Country		Yes		\$5.00	
33020		US		33020		US		No		May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHWARTZBARD, MARVIN 260 SOUTH PARKWAY TH GOLDEN BEACH FL 33180				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, print or printed name of registered agent and file if acceptable. NOTE: Registered agent not required when none listed.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: D NAME: SCHWARTZBARD, CAROL STREET ADDRESS: 3000 ISLAND BLVD CITY-ST-ZIP: N MIAMI BEACH FL				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE: D NAME: SCHWARTZBARD, MARVIN STREET ADDRESS: 3000 ISLAND BLVD CITY-ST-ZIP: N MIAMI BEACH FL				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: MARVIN SCHWARTZBARD 4/24/95 305-242-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR