FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 11:30

DOCUMENT # P93000034045 (3)

1. Corporation Name
CONSUL-MED, INC.

Principal Place of Business	Mailing Address
3275 W. HILLSBORO BLVD. SUITE 207 DEERFIELD BCH. FL 33442 US	3275 W. HILLSBORO BLVD. SUITE 207 DEERFIELD BCH. FL 33442 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0410693 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FINSTON, MARVIN M
3275 W. HILLSBORO BLVD.
SUITE 207
DEERFIELD BCH. FL 33442

10. Name and Address of New Registered Agent

81 Name: ALAN MILLER M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 3275 W Hillsboro Blvd., Ste 207
83
84 City: Deerfield Beach FL 85 Zip Code: 33442

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: X _____ Alan I. Miller, M.D. President 1/30/95
(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	P	11 TITLE	P ☑ Change ☐ Addition
NAME	~~FINSTON, MARVIN M~~	12 NAME	ALAN MILLER M.D.
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 207	13 STREET ADDRESS	3275 W. Hillsboro Blvd., Ste 207
CITY-ST-ZIP	DEERFIELD BCH. FL	14 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, AURELIO	22 NAME	
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 207	23 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added on an attachment with an address.

SIGNATURE: X _____ Alan I. Miller, M.D. 1/30/95 800-817-5860
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Date) (Daytime Phone #)

0268800 CP