

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

FILED  
Jun 24 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # P93000085857  
1. Corporation Name

Steven Friefeld O.D., P.A.

Principal Place of Business Mailing Address

~~2598-A East Sunrise Boulevard~~  
~~Ft. Lauderdale, FL 33304~~

3. Date Incorporated or Qualified 12/15/93 3a. Date of Last Report 5/2/97

|                                                                                                                                                     |                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 7762 N. KENDALL DR.<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 MIAMI, FL<br>Zip Country<br>24 33156 25 | 2a. Mailing Address<br>26 2091 E. COUNTRY CLUB DR.<br>Suite, Apt. #, etc.<br>27 2003<br>City & State<br>28 AVENTURA, FL<br>Zip Country<br>29 33180 30 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                  |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 4. FEI Number 65-0461215                                                                                                                         | Applied For<br>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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent

Friefeld, Steven  
2598-A East Sunrise Boulevard  
Ft. Lauderdale, FL 33304

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

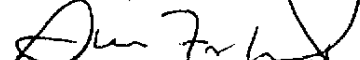
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature required for both name of registered agent and the corporation (the Registered Agent signature required when re-registering) (DATE) \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | D.P.                      | 11 TITLE                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Friefeld, Steven          | 12 NAME                                               |                                                                              |
| STREET ADDRESS             | 2598-A East Sunrise Blvd. | 13 STREET ADDRESS                                     | 7762 N. KENDALL DR.                                                          |
| CITY-ST-ZIP                | Ft. Lauderdale, FL 33304  | 14 CITY-ST-ZIP                                        | MIAMI, FL 33156                                                              |
| TITLE                      |                           | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           | 22 NAME                                               |                                                                              |
| STREET ADDRESS             |                           | 23 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                           | 24 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      |                           | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           | 32 NAME                                               |                                                                              |
| STREET ADDRESS             |                           | 33 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                           | 34 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      |                           | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           | 42 NAME                                               |                                                                              |
| STREET ADDRESS             |                           | 43 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                           | 44 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      |                           | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           | 52 NAME                                               |                                                                              |
| STREET ADDRESS             |                           | 53 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                           | 54 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      |                           | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/98

305-936-9336

CR2E034 (9/96)