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

APPROVED AND FILED
95 MAY -1 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002084 (9)

1. Corporation Name
HEALTH CARE CENTER MANAGEMENT SYSTEMS, INC.

Principal Place of Business: ~~%FLORIDA REGISTERED AGENTS 100 SE 2ND STREET, SUITE 3600 MIAMI FL 33131~~

Mailing Address: ~~%FLORIDA REGISTERED AGENTS 100 SE 2ND STREET, SUITE 3600 MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	7950 N.W. 53rd Street
Suite, Apt. #, etc. (22)	Suite 210
City & State (23)	Miami, Florida
Zip (24)	33166
Country (25)	U.S.
2a. Mailing Address (26)	7950 N.W. 53rd Street
Suite, Apt. #, etc. (27)	Suite 210
City & State (28)	Miami, Florida
Zip (29)	33166
Country (30)	U.S.

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report:
4. FEI Number: 65-0465530 ☐ 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

~~FLORIDA REGISTERED AGENTS, INC. 100 SE 2ND STREET SUITE 3600 MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive
83 Suite 1600
84 City: Miami, FL 85 Zip Code: 33133

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 [illegible] Statutes.

SIGNATURE A Z REGISTERED AGENT CORPORATION By: [signature]
Jose M. Berenguer, Vice President
NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	~~D~~
NAME	~~OSVALDO, MARTINEZ~~
STREET ADDRESS	~~100 SE 2ND STREET, SUITE 3600~~
CITY ST ZIP	~~MIAMI FL 33131~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	☒ Change ☐ Addition
12 NAME	Martinez, Osvaldo	
13 STREET ADDRESS	7950 N.W. 53rd Street, Suite 210	
14 CITY ST ZIP	Miami, Florida 33166	
21–24		☐ Change ☐ Addition
31–34		☐ Change ☐ Addition
41–44		☐ Change ☐ Addition
51–54		☐ Change ☐ Addition
61–64		☐ Change ☐ Addition

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 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: [signature] 4/26/95 (305) 541-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Osvaldo Martinez, Director

0127610 CP