SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **P96000012256 (9)**

1. Corporation Name
PRIMED HEALTH CARE, P.A.

Principal Place of Business	Mailing Address
911 OAK STREET KISSIMMEE FL 34741	911 OAK STREET KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1996

21 2. Principal Place of Business	591 Oak Commons Blvd
22 Suite, Apt. #, etc.	A
23 City & State	Kissimmee FL
24 Zip / 25 Country	34741 / USA
26 2a. Mailing Address	P.O. Box 423549
27 Suite, Apt. #, etc.	
28 City & State	Kissimmee FL
29 Zip / 30 Country	34742 / USA

4. FEI Number: 59-3364426 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TORRES, JOSEPH L M.D.
205 PARK PLACE BLVD., STE. 105
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: Torres, Joseph L. M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 591 Oak Commons Blvd
83 Suite A
84 City: Kissimmee FL 85 Zip Code: 34741

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] Joseph L. Torres, MD — 7-9-98
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	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BAUTISTA, MARIN M.D.		1.2 NAME	TORRES, Joseph L. M.D.	
STREET ADDRESS	1960 OSCEOLA PKWY.		1.3 STREET ADDRESS	591 Oak Commons Blvd, Ste A	
CITY-ST-ZIP	KISSIMMEE FL 34743		1.4 CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	TORRES, JOSEPH M.D.		2.2 NAME	Jimenez, Rafael M.D.	
STREET ADDRESS	205 PARK PLACE DRIVE, SUITE 105		2.3 STREET ADDRESS	591 Oak Commons Blvd, Ste B	
CITY-ST-ZIP	KISSIMMEE FL 34741		2.4 CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	JIMENEZ, RAFAEL M.D.		3.2 NAME	Sanchez, Aida M.D.	
STREET ADDRESS	808 W. OAK STREET		3.3 STREET ADDRESS	1600 Budinger Ave. Ste C	
CITY-ST-ZIP	KISSIMMEE FL 34741		3.4 CITY-ST-ZIP	St Cloud FL 34769	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRAME, EDWARD M.D.		4.2 NAME		
STREET ADDRESS	201 HILDA STREET, SUITE 20		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURGOS, RONALD M.D.		5.2 NAME		
STREET ADDRESS	1960 OSCEOLA PKWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARVELO, GUSTAVO M.D.		6.2 NAME		
STREET ADDRESS	505 W. OAK STREET, SUITE 10		6.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		6.4 CITY-ST-ZIP		

CR2E034 (5/98)

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.

SIGNATURE: [signature] Joseph L. Torres, M.D. — 7/9/98 — 407-935-1123