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 APR 27 AM 7:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000014712 (2)**

1. Corporation Name
GYN MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8525 SW 92 ST #D-17 MIAMI FL 33156	8525 SW 92 ST #D-17 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21: 11160 N. Kendall Dr
2a. Mailing Address — 26: 11160 N. Kendall Dr.
Suite, Apt. #, etc. — 22: 111 / 27: 111
City & State — 23: Miami, Fl / 28: Miami, Fl
Zip — 24: 33176 / 29: 33176
Country — 25: USA / 30: USA

4. FEI Number: 65-0426601 ☐ 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

RUDOLPH, ALLAN S
8525 SW 92 STREET
#D-17
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Rudolph, Allan S.
82 Street Address (P.O. Box Number is Not Acceptable): 11160 N. Kendall Dr.
83: #111
84 City: Miami FL 85 Zip Code: 33176

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: Allan S Rudolph — Allan S. Rudolph — 4/23/95
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	D	1.1 TITLE	P ☒ Change ☐ Addition
NAME	RUDLOPH, ALLAN S	1.2 NAME	Allan S. Rudolph
STREET ADDRESS	8525 SW 92 ST #D-17	1.3 STREET ADDRESS	11160 N. Kendall Dr. #111
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	Miami, Fl. 33176
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Allan S Rudolph — Allan S. Rudolph Pres. — 4/23/95 — 305-2742490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170106 CP