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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **H90365** **(8)**

1. Corporation Name

JAMES F. FARRELL OF MIAMI, INC.

600001533866
-07/10/95--01081--001
***9225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~C/O FLORIDA REGISTERED AGENTS, INC.~~ ~~100 S.E. 2 ST. #3000~~ ~~MIAMI FL 33131~~ ~~US~~	~~C/O FLORIDA REGISTERED AGENTS, INC.~~ ~~100 S.E. 2 ST. #3000~~ ~~MIAMI FL 33131~~ ~~US~~

3. Date Incorporated or Qualified: 12/17/1985
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 2601 S. Bayshore Dr.	26 2601 S. Bayshore Dr.
Suite, Apt. #, etc. 22 Suite 1600	Suite, Apt. #, etc. 27 Suite 1600
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33133 / 25 U.S.	Zip / Country 29 33133 / 30 U.S.

4. FEI Number: 59-2626753 ☐ 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~FLORIDA REGISTERED AGENTS INC~~ ~~100 SOUTHEAST 2ND STREET~~ ~~SUITE 3000~~ ~~MIAMI FL 33131~~	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 duties and responsibilities of registered agent.

A Z REGISTERED AGENT CORPORATION

SIGNATURE By: Justin T. Wilson Secretary — DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	FARRELL, JAMES F., MD	12 NAME	
STREET ADDRESS	600 E. 25TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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	

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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: James F. Farrell MD JAMES F FARRELL 5/9/95 305 6912990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127655 CP