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

May 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 324331 (8)INTER-MEDIC HEALTH CENTER OF CHARLOTTE. INC. Principal Place of Business Mailing Address 2885 TAMIAMI TRAIL 2885 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1967 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1365533 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 24 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEXLER, MELVIN J Susan Kirsch 2885 TAMIAMI TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 PORT CHARLOTTE FL 33952 2885 Tamiami Trail 83 84 City Zip Code <u>33952</u> <u>Pørt Charlotte,</u> of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 and report the obligations of Application 1.500. Florida Statutes 11. Pursuant to the provisions office or registe ed agent agent. I am familiar with a Risan SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 X DELETE Change ■ Addition TITLE 1.1 TITLE ZUSHMAN, N MD NAME 1.2 NAME CRZE034 STREET ADDRESS 2885 TAMIAMI TRAIL 1.3 STREET ADDRESS PORT CHARLOTTE FL CITY ST ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RODRIGUEZ, V MD NAME 2.2 NAME 2885 TAMIAMI TRAIL STREET ADDRESS 2.3 STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME ADHI. B MD 2885 TAMIAMI TRAIL STREET ADDRESS 3.3 STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE TORNER, J. M. 4 2 NAME NAME 2885 TAMIAMI TRAIL 4.3 STREET ADORESS STREET ADDRESS PORT CHARLOTTE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME HOLT, W. M 5.2 NAME 2885 TAMIAMI TRAIL 5.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplyid 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 organ attachment with an address.

SIGNATURE:

FILED

(941) 429-7501