SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:04

DOCUMENT # **509064** **(2)**

1. Corporation Name
SALVADOR S. GINORI, M.D., P.A.

Principal Place of Business	Mailing Address
5040 NW 7TH ST. STE 520 MIAMI FL 33126 US	5040 NW 7TH ST. STE 520 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1976
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business	2a. Mailing Address
21 9600 S.W. 8 ST.	26 9600 S.W. 8 ST.
Suite, Apt. #, etc. 22 30	Suite, Apt. #, etc. 27 30
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33174 Country 25 U.S.A.	Zip 29 33174 Country 30 U.S.A.

4. FEI Number: 59-1690614 ☐ 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

GINORI, SALVADOR S., M.D.
5040 NW 7TH ST, STE 520
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: GINORI, SALVADOR S., M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 9600 SW 8 ST. # 30
83
84 City: MIAMI FL 85 Zip Code: 33175

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: Salvador S. Ginori III Salvador S. Ginori, M.D. 6/20/95
(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	P	11 TITLE	P	☑ Change ☐ Addition
NAME	GINORI, SALVADOR S	12 NAME	GINORI, SALVADOR S	
STREET ADDRESS	5040 NW 7TH ST, STE 520	13 STREET ADDRESS	9600 SW 8 ST. # 30	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33174	
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		

CR2E034 (3/95)

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: Salvador S. Ginori III Salvador S. Ginori, M.D. 6/20/95 (305) 226-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014347 CP