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APPROVED AND FILED

* CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **589662** **(6)**

1. Corporate Name

M. LEE PEARCE, M.D.,P.A.

Principal Place of Business	Mailing Address
11880 BIRD ROAD SUITE 203 MIAMI FL 33175 US	11880 BIRD ROAD SUITE 203 MIAMI FL 33175 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1978**
3a. Date of Last Report: **05/01/1994**

	Principal Place of Business	Mailing Address
2. / 2a.	21 8701 S.W. 137th Ave.	26 8701 S.W. 137th Ave.
Suite, Apt. #, etc.	22 #300	27 #300
City & State	23 Miami, FL	28 Miami, Fl
Zip / Country	24 33183 / 25 USA	29 33183 / 30 USA

4. FEI Number: **59-2099020** — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. The corporation has indicated the intention to conduct business in Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDAVIT, BETTY 11880 BIRD ROAD SUITE 201 MIAMI FL 33175	81 Name: John Mudd 82 Street Address (P.O. Box Number is Not Acceptable): 8701 S.W. 137th Ave. 83 #300 84 City: Miami FL 85 Zip Code: 33183

11. Pursuant to the provisions of Section 607.0501 or 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of change(s) 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: John Mudd — 4/18/95
(If changing Registered Agent, Registered Agent must sign above.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12.	
1 Title	PD	1 Title	[X] Change [ ] Addition
2 Name	PEARCE, M. LEE MD.	2 Name	
3 Street Address	11880 BIRD ROAD #203	3 Street Address	8701 S.W. 137th Ave., #300
4 City, ST, ZIP	MIAMI FL	4 City, ST, ZIP	Miami, FL 33183
5 Title	ST	5 Title	[X] Change [ ] Addition
6 Name	WIENER, A.B.	6 Name	
7 Street Address	11880 BIRD ROAD #203	7 Street Address	8701 S.W. 137th Ave., #300
8 City, ST, ZIP	MIAMI FL	8 City, ST, ZIP	Miami, FL 33183
9 Title		9 Title	[ ] Change [ ] Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, ST, ZIP		12 City, ST, ZIP	
13 Title		13 Title	[ ] Change [ ] Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, ST, ZIP		16 City, ST, ZIP	
17 Title		17 Title	[ ] Change [ ] Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, ST, ZIP		20 City, ST, ZIP	
21 Title		21 Title	[ ] Change [ ] Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, ST, ZIP		24 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 and be 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: A. B. Wiener, Secretary/Treasurer — 4/18/95 — (305) 383-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date) (Telephone Number)

0100071 CP