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 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 696453 (0)

1. Corporation Name
AMERICAN MEDICAL PLAZA, INC.

Principal Place of Business	Mailing Address
11880 BIRD ROAD SUITE 201 MIAMI FL 33175-3573 US	11880 BIRD ROAD SUITE 201 MIAMI FL 33175-3573 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2137761 — 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. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [X] No

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

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

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 [signature] John Mudd 4/18/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	[X] Change [ ] Addition
NAME	HANTMAN, ARNOLD	12 NAME	
STREET ADDRESS	11880 BIRD ROAD #201	13 STREET ADDRESS	8701 S.W. 137th Avenue, #300
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	Miami, Florida 33183
TITLE	DS	21 TITLE	[X] Change [ ] Addition
NAME	MUDD, JOHN	22 NAME	
STREET ADDRESS	11880 BIRD ROAD #201	23 STREET ADDRESS	8701 S.W. 137th Avenue, #300
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	Miami, Florida 33183
TITLE	T	31 TITLE	[X] Change [ ] Addition
NAME	WIENER, A.B.	32 NAME	
STREET ADDRESS	11880 BIRD ROAD #201	33 STREET ADDRESS	8701 S.W. 137th Avenue, #300
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, Florida 33183
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	

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(1)(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: [signature] John Mudd, Director/Secretary 4/18/95 (305) 383-7400

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

0191000 CP