FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 21 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734424 (5)

1. Corporation Name

CADUCEUS SELF INSURANCE FUND, INC.

Principal Place of Business	Mailing Address
5430 NW 33RD AVE. SUITE 100 FT LAUDERDALE FL 33309	5430 NW 33RD AVE. SUITE 100 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1975
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1649914 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. 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
MCMENAMIN, KATHERINE K. 5430 N.W. 33RD AVE., SUITE 100 FT LAUDERDALE FL 33309-6990	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

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, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TRATTLER, HENRY L. M	1.2 NAME	
STREET ADDRESS	8600 S.W. 92ND ST. #204	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	LIEBLING, MARTIN E	2.2 NAME	
STREET ADDRESS	7231 SW 63RD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	S MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	FEINSTEIN, RICHARD J.	3.2 NAME	
STREET ADDRESS	3661 S. MIAMI AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KUDZMA, DAVID J.	4.2 NAME	
STREET ADDRESS	4302 ALTON RD #560	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	~~D~~	5.1 TITLE	☒ Change ☐ Addition
NAME	~~PRUITT, JOHN CRAYTON~~	5.2 NAME	Delete
STREET ADDRESS	~~643 SIXTH AVENUE SOUTH~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DAWBER, NANCY H.	6.2 NAME	
STREET ADDRESS	901 NORTH HERCULES AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 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)(k), 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: Katherine K. McMenamin 4/4/95 305-735-5430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
Katherine K. McMenamin

CERTIFIED MAIL- RETURN RECEIPT REQUESTED P 012 873 234

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CADUCEUS SELF INSURANCE FUND, INC.
ATTACHMENT TO 1995 CORPORATION ANNUAL REPORT
FEDERAL ID# 59-1649914

Item #12. Officers and Directors (continued)

7.1	TITLE	V/D
7.2	NAME	Kump, Joseph G.
7.3	STREET ADDRESS	50 East Sample Road
7.4	CITY - ST - ZIP	Pompano Beach, FL 33064
8.1	TITLE	CEO
8.2	NAME	McMenamin, Katherine K.
8.3	STREET ADDRESS	2780 NE 23rd Street
8.4	CITY - ST - ZIP	Pompano Beach, FL 33064