

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

ANNOUNCEMENT
 1995



STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

DOCUMENT # **745269**

(1)

93 MAY 11 PM 12:09

CORAL REEF MEDICAL PARK, INC.

REGISTRY OF STATE
 TALLAHASSEE, FLORIDA

15512 SW 142 CT MIAMI FL 33177		15512 SW 142 CT MIAMI FL 33177		12/14/1978		07/14/1994	
2. Principal Office (Business)		2a. Mailing Address		4. FIC Number		Applied For	
21		26		59-1902036		Not Applicable	
22		27		5. Certificate of Status (Issued)		\$8.75 Additional Fee Required	
23		28		6. Live to Certificate (Existing)		\$5.00 May Be Added to Fees	
24		29		7. Nonprofit with 605 (Existing)		\$68.75 Supplemental Fee Not Required	
25		30		8. The corporation has liability for statutes for chapter 190 (Existing)		Florida Statute	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAN HORN, CHARLES 15512 SW 142 CT. MIAMI FL 33177				81 Name			
				82 Street Address (P.O. Box Number, Not Acceptable)			
				83 City			
				84 State FL 85 Zip Code			

11. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the same was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of said corporation and the duties and liabilities imposed by the Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS																
<table border="1"> <tr> <td>NAME</td> <td>PD LANG, ELLIOT</td> <td>ADDRESS</td> <td>9299 SW 152 ST., #103 MIAMI FL</td> </tr> <tr> <td>NAME</td> <td>DV STURGE, CARL</td> <td>ADDRESS</td> <td>9299 SW 152 ST., #205 MIAMI FL</td> </tr> <tr> <td>NAME</td> <td>DST URIZAR, GUIDO</td> <td>ADDRESS</td> <td>9299 SW 152 ST., #200 MIAMI FL</td> </tr> </table>	NAME	PD LANG, ELLIOT	ADDRESS	9299 SW 152 ST., #103 MIAMI FL	NAME	DV STURGE, CARL	ADDRESS	9299 SW 152 ST., #205 MIAMI FL	NAME	DST URIZAR, GUIDO	ADDRESS	9299 SW 152 ST., #200 MIAMI FL	<table border="1"> <tr> <td>NAME</td> <td>PD JAMES BIERFELD</td> <td>ADDRESS</td> <td>9299 SW. 152 ST #202 MIAMI, FL</td> </tr> </table>	NAME	PD JAMES BIERFELD	ADDRESS	9299 SW. 152 ST #202 MIAMI, FL
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SIGNATURE: *[Signature]* JAMES BIERFELD 4-10 -95 305 253-6561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR