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 JUL 24 AM 11:03

DOCUMENT # **F46494** (3)

1. Corporation Name
FAITH E. BLOCK, M.D., P.A.

Principal Place of Business	Mailing Address
~~% FAITH E BLOCK, M.D.~~ ~~1150 NW 14TH STREET, SUITE 1~~ ~~MIAMI FL 33136~~ MOVED OFFICE	9640 W BROADVIEW DR (OK) ~~1150 NW 14TH STREET, SUITE 1~~ BAY HARBOR FL 33154 (OK) US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 495 BILTMORE WAY	2a. Mailing Address 26
Suite, Apt. #, etc. 22 2	Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES FL	City & State 28
Zip / Country 24 ~~33150~~ 33134 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 10/01/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2125138 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$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

BLOCK, FAITH E., M.D.
9640 WEST BROADVIEW DR
BAY HARBOR FL 33154

10. Name and Address of New Registered Agent

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: Faith E Block (FAITH E. BLOCK MD, PRES. of PA) DATE: 7-16-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.	
TITLE	PVS	1.1 TITLE	☐ Change ☐ Addition
NAME	BLOCK, FAITH E, M D	1.2 NAME	
STREET ADDRESS	9640 W BROADVIEW DR	1.3 STREET ADDRESS	
CITY ST ZIP	BAY HARBOR FL	1.4 CITY ST ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	BLOCK, FAITH E, M D	2.2 NAME	
STREET ADDRESS	9640 W BROADVIEW DR	2.3 STREET ADDRESS	
CITY ST ZIP	BAY HARBOR FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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: Faith E Block → 7-16-95 (305) 461-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FAITH E. BLOCK MD

0067063 CP