FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F95000001883 (6)

1. Corporation Name

HEALTHCARE ACQUISITION CORP.

Principal Place of Business	Mailing Address
2365 NW 41ST ST. BOCA RATON FL 33431	2365 NW 41ST ST. BOCA RATON FL 33431

3. Date Incorporated or Qualified: 04/18/1995
3a. Date of Last Report:

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $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 ☐ No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD, STE. 200
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: ~~Haft, Jay~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~200 E Broward Blvd~~ N/A
83 ~~Ft. Lauderdale~~
84 City: FL
85 Zip Code: ~~33301~~

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCS HAFT, JAY 200 E. BROWARD BLVD. FT. LAUDERDALE FL 33301	☐ DELETE	1 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT ABELES, JOHN M.D. 2365 NW 41ST ST. BOCA RATON FL 33431	☐ DELETE	2 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D VUKOVICH, ROBERT 6 INDUSTRIAL WAY WEST EATONTOWN NJ 07724~~	☒ DELETE	3 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KANTER, JOEL 8000 TOWERS CRESENT DR., STE. 170 VIENNA VA 22182	☐ DELETE	4 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paul Freiman 2100 Vallejo St S. Francisco CA 94123	☐ DELETE	5 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 ☐ Change ☐ Addition

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...

SIGNATURE: [signature] John H Abeles M.D — 3/1/96 — 407/994-3531

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

CR2E034 (12/95)