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 # G58372 (5)

1. Corporation Name
CHARLOTTE AMBULATORY CARE, INC.

Principal Place of Business	Mailing Address
3067 TAMIAMI TRAIL PT CHARLOTTE FL 33952	3067 TAMIAMI TRAIL PT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: 09/07/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2346229 ☐ 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
21 ______
Suite, Apt. #, etc
22 ______
City & State
23 ______
Zip 24 ______ Country 25 ______

2a. Mailing Address
26 ______
Suite, Apt. #, etc.
27 ______
City & State
28 ______
Zip 29 ______ Country 30 ______

9. **Name and Address of Current Registered Agent**

KATZEN, MELVYN J.
329 E OLYMPIA AVENUE
PUNTA GORDA FL 33950

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 [signature] MELVYN J. KATZEN, M.D. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☑ DELETE	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	BERRIOS, LUIS		1.2 NAME	KATZEN, MELVYN J.
STREET ADDRESS	713 E. MARION VE.		1.3 STREET ADDRESS	329 E. OLYMPIA AVE
CITY-ST-ZIP	PUNTA GORDA, FL 00000		1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	VT	☑ DELETE	2.1 TITLE	VICE PRES, SECT, TREAS ☑ Change ☐ Addition
NAME	GRAVELL, JAMES		2.2 NAME	MOENNING, JOHN
STREET ADDRESS	809 E. MARION AVE.		2.3 STREET ADDRESS	610 E. OLYMPIA AVE #100
CITY-ST-ZIP	PUNTA GORDA, FL 00000		2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	PS	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AALBORG, MERLIN		3.2 NAME	
STREET ADDRESS	809 E. MARION AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 00000		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: [signature] 4/27/96 941-627-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MELVYN J. KATZEN M.D.