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)

FILED

95 JUL -3 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # G64995 (5)

1. Corporation Name

SOUTHERN COMMUNITY MEDICAL CENTERS, INC.

Principal Place of Business	Mailing Address
3601 W. COMMERICIAL BLVD. #15 FT. LAUDERDALE FL 33309	3601 W. COMMERICIAL BLVD. #15 FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1983
3a. Date of Last Report: 08/31/1994
4. FEI Number: 59-2361339 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. ☐ $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: 451 S.E 2nd Ave
22: Suite, Apt. #, etc.:
23: City & State: Pompano Beach FL.
24: Zip: 33060
25: Country: Broward

2a. Mailing Address
26: P.O. Box 25507
27: Suite, Apt. #, etc.:
28: City & State: TAMARAC FL.
29: Zip: 33320
30: Country: Broward

9. Name and Address of Current Registered Agent

ANTIDORMI, RICHARD
3601 W. COMMERICIAL #15
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Joel Lavendar Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 507 S.E. 11th CT.
83
84 City: FT. Lauderdale FL
85 Zip Code: 33316

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] DATE: 6/16/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DA	ANTIDORMI, RICHARD	3601 W. COMMERICIAL #15	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	PRESIDENT	Thomas J. Antidormi	HC1 Box 61M	CAIRO, N.Y. 12413	☒	☐
2	SECRETARY-TREASURER	DEBRA DiFALCO	243 PARK AVE	EASTCHESTER, N.Y. 10709	☐	☐
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

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(1)(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: [signature] Pres. Corp. 6/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

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