PROFI CORPORA ANNUAL R 199	TION PORT		MAY 1 IS \$225.00 FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
OCUMEN	лт # G99 9	806	(7)				
Corporation Name	OURANI, M.D., P.A.				A NORTH COME AND LESS COME COME COME	ını adıl dığıl diği	H RUBER BURER BURER ANDER 1881
MONDIE							
incipal Place of Busi	iness	-	Address				
2 S. BISCAYNE BLVD. ONE BISCAYNE TWR #3400 NIAMI EL 20121 MIAMI FL 33131			¥3400	Poste Incorporated or Qualified			
MIAMI FL 33131		MI	MIAMI PL 33131		3. Date Incorporated or Qualified 04/27/1984	3a. Date 0	5/01/1995
Principal Place of E	Business		Ing Address		4. FEI Number 59-2720860		Applied For Not Applicable
Suite, Apt. #, etc.		26 S.i	te, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
Orty & State			& State		6. Election Campaign Financing		\$5.00 May Be
<u></u>		28] Zu		Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax	Added to Fees under s 199.032,
- Ζιρ 	Country 25 Name and Address of Cui	29		30	Florida Statutes Yes 10. Name and Address of New	; ™ No	
C/O GUNST	BELLO, CLEMENTE L TER, YOAKLEY, ET AL. YNE BLVD., 1 BISCAYN	E TOW. #340	00	82 Street Ad	dress (P.O. Box Number is Not Accepta	<u></u>	
MIAMI FL 3	3131			84 Gity		FL	85 Zip Gode
or registered ay familiar with, and	provisions of Sections 607.0 pent, or both, in the State of diacoent the obligations of the total protections of the state	Section 637.050	5 Florida Statutes	is, the above named con- ed by the corporation's be the transfer of Agent synature real	voration sutimits this statement for the p bard of directors. I hereby accept the ap		
5ig at-	of FICERS	AND DERECTO	irs	13.	ADDITIONS/CHANGES TO OF		DIRECTORS IN 12 Change Addition
TILE	PSD		DELETE	1 1 TLE 12 NAME		-	-
	HOURANI, MUKBIL M.D. 6301 S.W. 99TH TERRA	ACE		1.3 STREET ADDRESS			
	MIAMI FL 33156			1.4 CITY - ST - Z:P			Change Addition
TITLE			☐ DELETÉ	2 1 Tillu€		ı	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS 2.4 City Sti-Zin			
CITY - ST - ZIF			[] OFLETE	3 1 1/1LE			Change Addition
TITLE			_	3.2 NAME			
NAME STREET ADDRESS				3 3 STREET ADDRESS			
				3 4 C - TY - S1 - Z1F			Change Addition
CITY+ST-ZiP			DELFTE	4 1 1 1 LE 4 2 NAME			
CITY - ST - ZIP TITLE				4.5 INVINCE			
				4.3 STREET ADDRESS			
TITLE NAME STREET ADDRESS				4.3 STREET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	4.4 City ST-ZiP 5.1 Tite			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			□ DETEIE	4.4 CITY ST-ZIP		<u> </u>	☐ Change ☐ Addition
TTLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	4.4.CITY ST-ZIP 5.1.THLF			Change Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DETER	44 CITY ST-ZIP 5 1 TITL5 52 NAME			☐ Change ☐ Additi

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not grafify for the exemption stated in Section 119.07(5)(k). Florida Statutes. I further certify that the information indicated on this arrural might consume an analysis of the exemption stated in Section 119.07(5)(k). Florida Statutes. I further certify that the information indicated on this arrural might enorth is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of this 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 changle, or on an attachment/with an arbices.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 ' Trick

6.2 NAME

C1*Y - S* - Z1P

TULE

DELETE

3/7/96 (30<u>5)376-600</u>

CR2E034 (12/95)