FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H00885 (4)

1. Corporate Name

SOUTH FLORIDA BIOAVAILABILITY CLINIC, INC.

Principal Place of Business
11880 BIRD ROAD. STE.. #201
MIAMI FL 33175-3573

Mailing Address
11880 BIRD ROAD. STE.. #201
MIAMI FL 33175-3573

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 04/26/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 8701 S.W. 137th Ave.
22 Suite, Apt. # or Bldg. #300
23 City & State: Miami, FL
24 Zip: 33183
25 Country: USA

2a. Mailing Address
26 8701 S.W. 137th Ave.,
27 Suite, Apt. # or Bldg. #300
28 City & State: Miami, FL
29 Zip: 33183
30 Country: USA

4. FEI Number: 59-2407464 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $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 alternate tax under S. 220.03(3) Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MCDAVIT, BETTY
11880 BIRD ROAD, SUITE 201
MIAMI FL 33175-3573

10. Name and Address of New Registered Agent

81 Name: John Mudd
82 Street Address (P.O. Box Number is Not Acceptable): 8701 S.W. 137th Ave.
83 #300
84 City: Miami FL 85 Zip Code: 33183

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: John Mudd 4/18/95
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	[ ] Change [ ] Addition
NAME	HANTMAN, ARNOLD	12 NAME	
STREET ADDRESS	11190 BISCAYNE BLVD.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33181	14 CITY ST ZIP	
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	MORSE, IRWIN S.	22 NAME	
STREET ADDRESS	151 S.E. 15 RD., 10TH FLOOR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33129	24 CITY ST ZIP	
TITLE	SD	31 TITLE	[X] Change [ ] Addition
NAME	MUDD, JOHN	32 NAME	
STREET ADDRESS	11880 BIRD RD, STE 201	33 STREET ADDRESS	8701 S.W. 137th Ave., #300
CITY ST ZIP	MIAMI FL 33175	34 CITY ST ZIP	Miami, FL 33183
TITLE	V	41 TITLE	[ ] Change [ ] Addition
NAME	HARRIS, STUART	42 NAME	
STREET ADDRESS	11190 BISCAYNE BLVD.	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33181	44 CITY ST ZIP	
TITLE	V	51 TITLE	[ ] Change [ ] Addition
NAME	KYLE, ROBERT	52 NAME	
STREET ADDRESS	11190 BISCAYNE BLVD.	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33181	54 CITY ST ZIP	
TITLE	T	61 TITLE	[X] Change [ ] Addition
NAME	WIENER, A.B.	62 NAME	
STREET ADDRESS	11880 BIRD RD., SUITE 201	63 STREET ADDRESS	8701 S.W. 137th Ave., #300
CITY ST ZIP	MIAMI FL 33175	64 CITY ST ZIP	Miami, FL 33183

14. I 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)(h), Florida Statutes. 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 is added in Block 13 with an address.

SIGNATURE: John Mudd, Secretary/Director 4/18/95 (305) 383 7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0191001 CP