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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # H00885 (4)

1. Corporation Name

SOUTH FLORIDA BIOAVAILABILITY CLINIC, INC.

Principal Place of Business

[redacted]

Mailing Address

[redacted]

3. Date Incorporated or Qualified	3a. Date of Last Report
04/26/1984	05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o ARNOLD HANTMAN	26 c/o ARNOLD HANTMAN
Suite, Apt. #, etc 22 11190 Biscayne Boulevard	Suite, Apt. #, etc. 27 11190 Biscayne Boulevard
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33181 / Country 25 U.S.A.	Zip 29 33181 / Country 30 U.S.A.

4. FEI Number 59-2407464 ☐ 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

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

MUDD, JOHN
8701 SW 137TH AVE
#300
MIAMI FL 33183

10. **Name and Address of New Registered Agent**

81 Name: ARNOLD HANTMAN
82 Street Address (P.O. Box Number is Not Acceptable): 11190 Biscayne Boulevard
83
84 City: Miami FL 85 Zip Code 33181

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] Arnold Hantman 4/15/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HANTMAN, ARNOLD	
STREET ADDRESS	11190 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	☒ DELETE
NAME	MORSE, IRWIN S.	
STREET ADDRESS	8701 SW 137TH AVE #300	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☒ DELETE
NAME	MUDD, JOHN	
STREET ADDRESS	11880 BIRD RD, STE 201	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	V	☒ DELETE
NAME	HARRIS, STUART	
STREET ADDRESS	11190 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	V	☒ DELETE
NAME	KYLE, ROBERT	
STREET ADDRESS	11190 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	T	☒ DELETE
NAME	WIENER, A.B.	
STREET ADDRESS	8701 SW 137TH AVE #30	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	☐ Change ☒ Addition
1.2 NAME	Maria Quant	
1.3 STREET ADDRESS	11190 Biscayne Boulevard	
1.4 CITY-ST-ZIP	Miami, Florida 33181	
2.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
2.2 NAME	Juliet Turner	
2.3 STREET ADDRESS	11190 Biscayne Boulevard	
2.4 CITY-ST-ZIP	Miami, Florida 33181	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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] Arnold Hantman 4/15/96 (305) 895-0304

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