SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # H29301 (9)TURRO MEDICAL CENTER, INC. Principal Place of Business Mailing Address 5010 MILE STRETCH DR 5010 MILE STRETCH DR HOUDAY FL 34690 HOLIDAY FL 34690 3a. Date of Last Report 3. Date Incorporated or Qualified 11/08/1984 10/23/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-2465601 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BARNETT, LESLIE J. 601 BAYSHORE BLVD., SUITE 700 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DAI: Signature, typed or per termine of negotiered agont and tried apple, inc. (Nottle Hegistered Agent's goalen liegorest when reastating). OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)DELETE TILLE 1.1 TITLE Add-tron NAME TURRO, JOSE 1.2 NAME E034 STREET ADDRESS 1401 DIXIE HIGHWAY 1.3 STREET ADDRESS HOLIDAY FL CHY-ST-7IP 1.4 CITY - ST. ZIP Change Addition DELETE 2 LTHLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-ZIP 2 4 CITY - ST - 7)P DELFTE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS DITY-ST-ZIP 34 CHTY-ST-ZIP DELETE TITLE 41 1111 [Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST ZIP DELETE Criange Addition TITLE 5 1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 C-TY - ST - ZIP DELETE Tille 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP I do hereby certify that the information supplied with this liking is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes 1 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 oally, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and

changed, or on an attachment with an address

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

that my name appears in Block 12 or Block 13

SIGNATURE: